2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Apr 09, 2010
Secretary of State

DOCUMENT# L08000001239

Entity Name: ALPHA OMEGA ADULT FAMILY CARE, LLC

Current Principal Place of Business:

18574 S W 55TH ST.
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

18574 S W 55TH ST.
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 11-3835389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAPHAEL, CHRISTIANA
18574 S W 55TH ST.
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRISTIANA RAPHAEL

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RAPHAEL, CHRISTIANA
Address: 18574 S W 55TH ST.
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: CHRISTIANA RAPHAEL PRES 04/09/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date