

**2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000002733

**FILED  
Sep 01, 2010  
Secretary of State**

**Entity Name:** CARE MATCH, LLC

**Current Principal Place of Business:**

1865 SOUTH OCEAN DRIVE SUITE 19D  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

4432 NW 23RD AVENUE SUITE 4  
GAINESVILLE, FL 32606

**New Mailing Address:**

FEI Number: 26-1698081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAMRON, HEATHER S  
4432 NW 23RD AVENUE SUITE 4  
GAINESVILLE, FL 32606 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: HEATHER S. DAMRON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DAMRON, HEATHER  
Address: 4432 NW 23RD AVENUE SUITE 4  
City-St-Zip: GAINESVILLE, FL 32606

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 Statutes.

SIGNATURE: HEATHER S. DAMRON

PRES

09/01/2010

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