2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 15, 2010
Secretary of State

DOCUMENT# L08000003778

Entity Name: BEST AMERICAN HEALTH CARE, L.L.C.

Current Principal Place of Business:

8355 NORTHCLIFFE BLVD
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

8355 NORTHCLIFFE BLVD
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 59-3402834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET STE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

KWARREN, ROBERT W
5393 LEATHER SADDLE LANE
SPRING HILL, FL 34609 US

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: ROBERT KWARREN 11/15/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: OSMAN, AYMAN
Address: 8355 NORTHCLIFFE BLVD
City-St-Zip: SPRING HILL, FL 34606

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: AYMAN OSMAN MGR 11/15/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date