

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000008166

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** SMITH HEALTH CARE - CLEARWATER, LLC

**Current Principal Place of Business:**

23 W. 350 PELHAM COURT  
NAPERVILLE, IL 60540

**New Principal Place of Business:**

**Current Mailing Address:**

23 W. 350 PELHAM COURT  
NAPERVILLE, IL 60540

**New Mailing Address:**

**FEI Number:** 26-1960574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEIMARK, CORT A  
100 SE THIRD AVENUE  
SUITE 1100  
FORT LAUDERDALE, FL 33394 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: CORT NEIMARK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SMITH, BENJAMIN A IV  
Address: 23 W. 350 PELHAM COURT  
City-St-Zip: NAPERVILLE, IL 60540

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: BENJAMIN SMITH

MGG

02/24/2011

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