

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000052862

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** HEALTHCARE BUILDER LLC.

**Current Principal Place of Business:**

15375 SKYKING DRIVE  
PORT ST. LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

15375 SKYKING DRIVE  
PORT ST. LUCIE, FL 34987

**New Mailing Address:**

**FEI Number:** 26-2823576      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MCGREGOR, ANA  
15375 SKYKING DRIVE  
PORT ST. LUCIE, FL 34987      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: ANA MCGREGOR

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MCGREGOR, ANA  
**Address:** 15375 SKYKING DRIVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34987

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: ANA MCGREGOR

MGR

04/07/2010

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