

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000080570

FILED
Nov 02, 2009
Secretary of State

Entity Name: ALPHA CENTAURI HEALTHCARE, LLC

Current Principal Place of Business:

5745 SW 75 ST.
STE. 154
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5745 SW 75 ST.
STE. 154
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 26-3220389 **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:

RILEY, JAMES
5745 SW 75 ST.
STE. 154
GAINESVILLE, FL 32608 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: JAMES L RILEY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: RILEY, JAMES L
Address: 5745 SW 75TH ST., #154
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES L RILEY

MGR

11/02/2009

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