

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000082267

**FILED**  
**Oct 12, 2009**  
**Secretary of State**

**Entity Name:** RR HEALTHCARE AND ASSOCIATES LLC

**Current Principal Place of Business:**

2900 NW 62 ST  
STE 6  
FT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

2900 NW 62 ST  
STE 6  
FT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 26-3263805      **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:**

LABARTA, LYNN  
2900 NW 62 ST  
STE 6  
FT LAUDERDALE, FL 33309 US

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

INTERIM HEALTHCARE OF BROWARD  
2900 NW 62 ST  
STE 6  
FT LAUDERDALE, FL 33309 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: LYNN LABARTA

10/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LABARTA, LYNN  
Address: 2900 NW 62 ST  
City-St-Zip: FT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: INTERIM HEALTHCARE OF BROWARD  
Address: 2900 NW 62 ST  
City-St-Zip: FT LAUDERDALE, FL 33309

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: LYNN LABARTA

MGRM

10/12/2009

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