

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000084185

Entity Name: AVISTACARE, LLC

FILED
Oct 03, 2010
Secretary of State

Current Principal Place of Business:

28059 US HWY 19 NORTH
STE 100
CLEARWATER, FL 33761

New Principal Place of Business:

28059 US HWY 19 NORTH
STE 101
CLEARWATER, FL 33761

Current Mailing Address:

28059 US HWY 19 NORTH
STE 100
CLEARWATER, FL 33761

New Mailing Address:

28059 US HWY 19 NORTH
STE 101
CLEARWATER, FL 33761

FEI Number: 27-2457339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HERNANDEZ, KEVIN ESQ
28059 US HWY 19 NORTH
STE 100
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

HERNANDEZ, KEVIN ESQ
28059 US HWY 19 NORTH
STE 101
CLEARWATER, FL 33761 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: KEVIN HERNANDEZ

10/03/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SMELTZER, LORY
Address: 28059 US HWY 19 NORTH - STE 101
City-St-Zip: CLEARWATER, FL 33761

Title: MGR
Name: HERNANDEZ, KEVIN
Address: 28059 US HWY 19 NORTH - STE 101
City-St-Zip: CLEARWATER, FL 33761

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: LORY SMELTZER

CEO

10/03/2010

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