

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000100960

FILED
Oct 07, 2009
Secretary of State

Entity Name: TREASURE COAST HEALTH ASSOCIATES, LLC

Current Principal Place of Business:

15125 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613 US

New Principal Place of Business:

1175 SOUTH US HIGHWAY 1
VERO BEACH, FL 32962 US

Current Mailing Address:

15125 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613 US

New Mailing Address:

PO BOX 643550
VERO BEACH, FL 32964 US

FEI Number: 30-0513492 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

AURO S MANAGEMENT, LLC
15215 CORTEZ BOULEVARD
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

MASCARENHAS, ASHVIN L MGRM
1175 SOUTH US HIGHWAY 1
VERO BEACH, FL 32962 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: ASHVIN MASCARENHAS

10/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AURO S MANAGEMENT, LLC
Address: 15215 CORTEZ BOULEVARD
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MASCARENHAS, ASHVIN L
Address: PO BOX 643550
City-St-Zip: VERO BEACH, FL 32964

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: ASHVIN MASCARENHAS

MGRM

10/07/2009

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