

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000103189

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** CARE RESOURCES GROUP, LLC

**Current Principal Place of Business:**

35 S.W. 114 AVENUE, SUITE 105  
MIAMI, FL 33174

**New Principal Place of Business:**

7480 SW 40TH ST SUITE 660  
MIAMI, FL 33155

**Current Mailing Address:**

35 S.W. 114 AVENUE, SUITE 105  
MIAMI, FL 33174

**New Mailing Address:**

7480 SW 40TH ST SUITE 660  
MIAMI, FL 33155

**FEI Number:** 80-0295701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, MARIO M.D.  
35 S.W. 114 AVENUE, SUITE 105  
MIAMI, FL 33174 US

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

TORRES, MARIO M.D.  
7480 SW 40TH ST SUITE 660  
MIAMI, FL 33155 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: MARIO TORRES

01/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TORRES, MARIO M.D.  
Address: 7480 SW 40TH ST SUITE 660  
City-St-Zip: MIAMI, FL 33155

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: MARIO TORRES

MGRM

01/06/2012

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