

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000105449

FILED
May 03, 2013
Secretary of State

Entity Name: SHILOH HEALTH CENTERS, LLC

Current Principal Place of Business:

10917 - 23 N. DALE MABRY HWY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 270502
TAMPA, FL 33688

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WANGBOJE, CASEY D
5438 TURTLE CROSSING LOOP
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

WANGBOJE, BAMIDELE C
10873 CORY LAKE DRIVE
TAMPA, FL 33647 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: B.C. WANGBOJE

05/03/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KUDOS ALLIED, LLC.
Address: P. O. BOX 270502
City-St-Zip: TAMPA, FL 33688

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: B. C. WANGBOJE

RA

05/03/2013

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