

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000031919

FILED
Jan 28, 2011
Secretary of State

Entity Name: RELIEF HEALTH SUPPLY, LLC

Current Principal Place of Business:

2400 W CYPRESS CKEEK BLVD. #139
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

110 E BROWARD BLVD. #600
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERREIRA, JUSTIN
2400 W CYPRESS CKEEK BLVD. #139
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: JUSTIN FERREIRA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HENRY, CHRIS
Address: 110 E BROWARD BLVD. #600
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MGRM
Name: FERREIRA, JUSTIN
Address: 110 E BROWARD BLVD. #600
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: JUSTIN FERREIRA

MGRM

01/28/2011

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