

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000035082

**FILED**  
**Oct 10, 2011**  
**Secretary of State**

**Entity Name:** VISIONARY HEALTHWARE, LLC

**Current Principal Place of Business:**

5600 MARINER STREET  
SUITE 227  
TAMPA, FL 33609

**New Principal Place of Business:**

5310 CYPRESS CENTER DRIVE  
SUITE 100  
TAMPA, FL 33609

**Current Mailing Address:**

5600 MARINER STREET  
SUITE 227  
TAMPA, FL 33609

**New Mailing Address:**

125 HIGH STREET  
14TH FLOOR  
BOSTON, MA 02110

**FEI Number:** 26-4667314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, KARREN A  
5600 MARINER STREET  
SUITE 227  
TAMPA, FL 33609 US

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

BLOOM, ALISHA  
5310 CYPRESS CENTER DRIVE  
SUITE 100  
TAMPA, FL 33609 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: ALISHA BLOOM

10/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AMERICAN HEALTHCARE HOLDINGS, INC  
Address: 5310 CYPRESS CENTER DRIVE  
City-St-Zip: TAMPA, FL 33609

Title: MGR  
Name: CRUEGER, HENRIK  
Address: 125 HIGH STREET; 14TH FLOOR  
City-St-Zip: BOSTON, MA 02110

Title: MGR  
Name: TARRANT, JOHN  
Address: 125 HIGH STREET; 14TH FLOOR  
City-St-Zip: BOSTON, MA 02110

Title: MGR  
Name: TEIG, CHRISTIAN  
Address: 125 HIGH STREET; 14TH FLOOR  
City-St-Zip: BOSTON, MA 02110

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: JOHN TARRANT

MGR

10/10/2011

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