

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000073187

**FILED**  
**Dec 21, 2010**  
**Secretary of State**

**Entity Name:** GOLD TEAM HOME HEALTH MEDICAL SUPPLIES, LLC

**Current Principal Place of Business:**

2109 CATTLEMAN DRIVE  
BRANDON, FL 33511

**New Principal Place of Business:**

7407 US HIGHWAY 301 SOUTH  
200A  
RIVERVIEW, FL 33578

**Current Mailing Address:**

2109 CATTLEMAN DRIVE  
BRANDON, FL 33511

**New Mailing Address:**

7407 US HIGHWAY 301 SOUTH  
200A  
RIVERVIEW, FL 33578

**FEI Number:** 27-1036988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OMORODION, FELIX E  
2109 CATTLEMAN DRIVE  
BRANDON, FL 33511 US

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

OMORODION, FELIX E  
7407 US HIGHWAY 301 S  
RIVERVIEW, FL 33578 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: FELIX E OMORODION

12/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: OMORODION, FELIX E  
Address: 7407 US HIGHWAY 301 S  
City-St-Zip: RIVERVIEW, FL 33578

Title: MGRM  
Name: GUOBADIA, RITA E  
Address: 7407 US HIGHWAY 301 S  
City-St-Zip: RIVERVIEW, FL 33578

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: FELIX E OMORODION

PRES

12/21/2010

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