

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000090997

**FILED**  
**Nov 03, 2010**  
**Secretary of State**

**Entity Name:** TOTALCARE OF NAPLES, LLC

**Current Principal Place of Business:**

6062 TAYLOR ROAD  
#801  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

6062 TAYLOR ROAD  
#801  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 27-1110052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BEAUDET, BRIAN  
6062 TAYLOR ROAD  
#801  
NAPLES, FL 34109 US

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

BEAUDET, BRIAN J  
6062 TAYLOR ROAD  
#801  
NAPLES, FL 34109 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: BRIAN J. BEAUDET

11/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BEAUDET, BRIAN J  
Address: 6062 TAYLOR ROAD, #801  
City-St-Zip: NAPLES, FL 34109 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: BRIAN J. BEAUDET

MGR

11/03/2010

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