

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000021725

FILED
Oct 03, 2011
Secretary of State

Entity Name: BEST CHOICE HEALTH CARE CENTER, LLC

Current Principal Place of Business:

2901 W BUSCH BLVD
407
TAMPA, 33618 FL

New Principal Place of Business:

2901 W BUSCH BLVD
407
TAMPA, FL 33618

Current Mailing Address:

2901 W. BUSCH BLVD
407
TAMPA, 33618 FL

New Mailing Address:

2901 W BUSCH BLVD
407
TAMPA, FL 33618

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GONZALEZ-ROSA, ESTHER
2901 W. BUSCH BLVD
407
TAMPA, FL 33618 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: ESTHER GONZALEZ-ROSA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: GONZALEZ-ROSA, ESTHER
Address: 2901 W.BUSCH BLVD SUITE 407
City-St-Zip: TAMPA, FL 33618

Title: D
Name: PADRON, EDUARDO D
Address: 2901 W. BUSCH BLVD SUITE 407
City-St-Zip: TAMPA, FL 33618

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: ESTHER GONZALEZ-ROSA

P

10/03/2011

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