

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000057735

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** MATURE AMERICAN HEALTH CARE, LLC

**Current Principal Place of Business:**

SANDRA JUSTIN  
8187 EMERALD FOREST COURT  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

SANDRA JUSTIN  
8187 EMERALD FOREST COURT  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 32-0315275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JUSTIN, SANDRA  
8187 EMERALD FOREST COURT  
SANFORD, FL 32771 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: SANDRA JUSTIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.  
Name: ALBERTI, PAUL A  
Address: 135 DELAWARE AVENUE, SUITE 300  
City-St-Zip: BUFFALO, NY 14202 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: PAUL A. ALBERTI

MR

02/03/2012

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