

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000105038

FILED
Oct 14, 2011
Secretary of State

Entity Name: POST ACUTE CARE SPECIALIST, LLC

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 2104
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 2104
LONGWOOD, FL 32779

New Mailing Address:

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

Name and Address of Current Registered Agent:

OWENS, SHAWNA
2180 WEST STATE ROAD 434
SUITE 2110
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

PERSAUD, KENNETH
2180 WEST STATE ROAD 434
SUITE 2110
LONGWOOD, FL 32779 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: KENNETH PERSAUD

10/14/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR
Name: PERSAUD, KENNETH
Address: 2170 WEST STATE ROAD 434, SUITE 260
City-St-Zip: LONGWOOD, FL 32779

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: KENNETH PERSAUD

MGMR

10/14/2011

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