

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000000239

Entity Name: OBAMACARE, LLC

FILED
Mar 10, 2012
Secretary of State

Current Principal Place of Business:

21 RIVERSIDE DRIVE,
SUITE 501
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

21 RIVERSIDE DRIVE,
SUITE 501
COCOA, FL 32922 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

NORMAN, KEITH
21 RIVERSIDE DRIVE,
SUITE 501
COCOA, FL 32922 US

Name and Address of New Registered Agent:

NORMAN, KEITH J
21 RIVERSIDE DRIVE,
SUITE 501
COCOA, FL 32922 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: KEITH J NORMAN

03/10/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BOUCHER-NORMAN, CLAIRE
Address: 21 RIVERSIDE DRIVE, SUITE 501
City-St-Zip: COCOA, FL 32922 US

Title: MGRM
Name: MCCARTHY, FRANCIS
Address: 21 RIVERSIDE DRIVE, SUITE 501
City-St-Zip: COCOA, FL 32922 US

Title: MGRM
Name: BOUCHER-MCCARTHY, HELENE
Address: 21 RIVERSIDE DRIVE, SUITE 501
City-St-Zip: COCOA, FL 32922 US

Title: MGRM
Name: NORMAN, KEITH
Address: 21 RIVERSIDE DRIVE, SUITE 501
City-St-Zip: COCOA, FL 32922 US

Title: MGRM
Name: DIPPLE, MICHAEL
Address: 21 RIVERSIDE DRIVE, SUITE 501
City-St-Zip: COCOA, FL 32922 US

Title: MGRM
Name: DIPPLE, MONIQUE
Address: 21 RIVERSIDE DRIVE, SUITE 501
City-St-Zip: COCOA, FL 32922 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: CLAIRE BOUCHER-NORMAN

MGRM

03/10/2012

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