

Aug. 3. 2011. 1:10PM

No. 6068 P. 1

L11000088111

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000195699 3)))

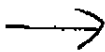


H110001956993ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383



16078

From:

Account Name : WILLIAMS SCHIFINO MANGIONE & STEINBERG, P.A.
Account Number : I20000000216
Phone : (813)221-2626
Fax Number : (813)221-7335

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: bontib@verizon.net

2011 AUG -3 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
11 AUG -3 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BRIGHT DAY HOME HEALTHCARE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. LEWIS

AUG - 4 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help



August 4, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BRIGHT DAY HOME HEALTHCARE, LLC
5691 EASTWIND DRIVE
SARASOTA, FL 34233

SUBJECT: BRIGHT DAY HOME HEALTHCARE, LLC
REF: L11000088111

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

You must attach a stamped copy of the articles of organization to the articles of correction.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H11000195699
Letter Number: 311A00018329

Aug. 4. 2011 10:37AM

No. 6094 P. 3
(((H11000195699 3)))

FILED

**ARTICLES OF CORRECTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

2011 AUG -3 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Section 608.4115 of the Florida Statutes, these Articles of Correction are being submitted within the required thirty (30) business days to correct the Articles of Organization that were filed on August 1, 2011, and assigned document number L1100008811.

FIRST: The name of the limited liability company (the "Company") is:

BRIGHT DAY HOME HEALTHCARE, LLC

SECOND: The articles of organization of the Company (the "Articles"), as originally filed, contain scrivener's errors and accordingly the Articles shall hereby be corrected and restated in their entirety, including the address correction and deletion of Article V. The corrected restatement of the Articles is attached hereto as Exhibit A.

IN WITNESS WHEREOF, I have signed these Articles of Correction and acknowledged them to be my act this 4th day of August, 2011.



Lina Angelici, Esq., As Authorized Representative

Aug. 4. 2011 10:37AM

No. 6094 P. 4
(((H11000195699 3)))

EXHIBIT A

CORRECTED AND RESTATED

ARTICLES OF ORGANIZATION

OF

FLORIDA LIMITED LIABILITY COMPANY

FILED

2011 AUG 3 AM 11 26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE I — Name

The name of this manager-managed limited liability company (hereinafter referred to as the "Company") is:

BRIGHT DAY HOME HEALTHCARE, LLC

ARTICLE II — Address

The street address of the principal office and the mailing address of the Company is:

One Tampa City Center, Suite 3200
Tampa, Florida 33602

ARTICLE III — Registered Agent

The initial registered agent of the Company is William J. Schifino Sr., Esq. The initial address of the office of the registered agent of the Company is c/o Williams Schifino Mangione & Steady, P.A. at One Tampa City Center, Suite 3200, Tampa, Florida 33602. By its signature at the end of these Articles, such person acknowledges acceptance of its responsibilities as registered agent of the Company.

ARTICLE IV — Term of the Company

The term of the Company shall commence upon the acceptance of the filing of these Articles by the Florida Secretary of State, and shall continue in perpetuity, unless sooner dissolved as provided in the Company's operating agreement or by operation of law.

Aug. 1. 2011 4:06PM

No. 5968 (H110001940123)))

STATE OF FLORIDA
ARTICLES OF ORGANIZATION
OF
LIMITED LIABILITY COMPANY

The undersigned, an authorized natural person, for the purpose of forming a limited liability company under the provisions and subject to the requirements of the State of Florida, particularly Chapter 608, Title XXXVI of the Florida Statutes and the acts amendatory thereof and supplemental thereto, and known, identified and referred to as the "Florida Limited Liability Company Act", hereby certifies that:

ARTICLE I — Name

The name of the limited liability company (hereinafter referred to as the "Company") is:

BRIGHT DAY HOME HEALTHCARE, LLC

ARTICLE II — Address

The street address of the principal office and the mailing address of the Company is:

5691 Eastwind Drive
Sarasota, Florida 34233

ARTICLE III — Registered Agent

The initial registered agent of the Company is William J. Schifino Sr., Esq. The initial address of the office of the registered agent of the Company is c/o Williams Schifino Mangione & Steady, P.A. at One Tampa City Center, Suite 3200, Tampa, Florida 33602. By its signature at the end of these Articles, such person acknowledges acceptance of its responsibilities as registered agent of the Company.

FILED
2011 AUG - 1 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV — Term of the Company

The term of the Company shall commence upon the acceptance of the filing of these Articles by the Florida Secretary of State, and shall continue in perpetuity, unless sooner dissolved as provided in the Company's operating agreement or by operation of law.

ARTICLE V — Management

The Company is to be managed by a manager, and is therefore a manager-managed limited liability company. The name and business address of the initial manger is as follows:

<u>Name</u>	<u>Address</u>
Bonti Marie Burgess	5691 Eastwind Drive Sarasota, Florida 34233

The manager of the Company shall at all times comply and shall cause the Company to comply with each of the covenants, terms and provisions contained in these Articles and the Company's operating agreement, and/or other document(s) governing the formation, management or operation of the Company.


Signature Page Follows.

FILED
2011 AUG - 1 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

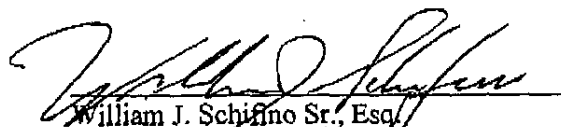
Aug. 1. 2011 4:07PM

No. 5968 ((H1000194012 3)))

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 1st day of August, 2011.


William J. Schifano Sr., Esq.
As Authorized Representative

In accordance with Section 608.408(3) of the Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


William J. Schifano Sr., Esq.
As Authorized Agent

FILED
2011 AUG - 1 AM 8 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

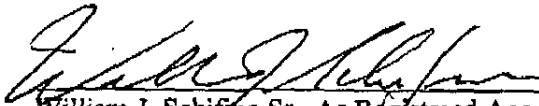
Aug. 1. 2011 4:07PM

No. 5968 P. 5/5
(((H11000194012 3)))

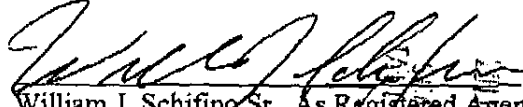
STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for BRIGHT DAY HOME HEALTHCARE, LLC at the place designated in this statement below. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent under Chapter 608 of the Florida Statutes.

IN WITNESS WHEREOF, I have signed this Statement Accepting Appointment as Registered Agent effective as of the 1st day of August, 2011.


William J. Schifino Sr., As Registered Agent
Williams Schifino Mangione & Steady, P.A.
One Tampa City Center, Suite 3200
Tampa, Florida 33602

In accordance with section 608.408(3) of the Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true to the best of my knowledge and belief.


William J. Schifino Sr., As Registered Agent

FILED
AUG - 1 AM 8 35
CLERK OF STATE
TAMPA FLORIDA