

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000123860

Entity Name: P.A.C.E. HEALTH, L.L.C.

**FILED**  
**Mar 08, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

932 NW 92ND TERRACE  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

932 NW 92ND TERRACE  
PLANTATION, FL 33324 US

**New Mailing Address:**

FEI Number: 45-3705949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ELDRIDGE, CARRIE H  
932 NW 92ND TERRACE  
PLANTATION, FL 33324 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: CARRIE H ELDRIDGE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ELDRIDGE, CARRIE H  
Address: 932 NW 92ND TERRACE  
City-St-Zip: PLANTATION, FL 33324 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: CARRIE H ELDRIDGE

MGRM

03/08/2013

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