2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 17, 2007
Secretary of State

DOCUMENT# L97000001197

Entity Name: BANYAN HEALTH CARE CONSULTANTS, LLC

Current Principal Place of Business:

105TOWN GREENDRIVE
ELMSFORD, NY 10523

New Principal Place of Business:

Current Mailing Address:

105TOWN GREENDRIVE
ELMSFORD, NY 10523

New Mailing Address:

FEI Number: 65-0806104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
2 S. BISCAYNE BOULEVARD, STE. 3400
MIAMI, FL 33131 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: M SANDERSON

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FLYNN, JOHN T
Address: 635 W. 165TH ST., FLANZER SUITE
City-St-Zip: NEW YORK, NY 10032

Title: MGR ( ) Delete
Name: FLYNN, ROSEANNE M
Address: 635 W. 165TH ST., FLANZER SUITE
City-St-Zip: NEW YORK, NY 10032

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN T FLYNN PRES 10/17/2007

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