

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L98000000531

**FILED**  
**Nov 06, 2008**  
**Secretary of State**

**Entity Name:** SUMERU HEALTH CARE GROUP, L.C.

**Current Principal Place of Business:**

7424 COMMUNITY COURT  
SUITE 103  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

7424 COMMUNITY COURT  
SUITE 103  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 59-3510679      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

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

BANKER, RUPIN  
7424 COMMUNITY COURT  
SUITE 103  
HUDSON, FL 34667 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:** RUPIN BANKER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** BANKER, RUPIN  
**Address:** 7424 COMMUNITY COURT , SUITE 103  
**City-St-Zip:** HUDSON, FL 34667

**ADDITIONS/CHANGES:**

**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:** RUPIN BANKER

MGRM

11/06/2008

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