

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M01000000941

**FILED**  
**Nov 05, 2008**  
**Secretary of State**

**Entity Name:** INNOVATIVE RESOURCE GROUP, LLC

**Current Principal Place of Business:**

8403 COLESVILLE ROAD  
SUITE 1600  
SILVER SPRING, MD 20910

**New Principal Place of Business:**

44 SOUTH BROADWAY  
WESTCHESTER ONE SUITE 1200  
WHITE PLAINS, NY 10601

**Current Mailing Address:**

516 NORTH CHARLES STREET  
5TH FLOOR  
BALTIMORE, MD 21201

**New Mailing Address:**

715 ST. PAUL STREET  
BALTIMORE, MD 21202

**FEI Number:** 39-2013972      **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:**

HIQ CORPORATE SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309 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: KELLI FLANNERY, VP

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: APS HEALTHCARE BETHE, SDA INC  
Address: 8403 COLESVILLE ROAD  
City-St-Zip: SILVER SPRING, MD 20910 US

Title: MGRM (X) Change ( ) Addition  
Name: APS HEALTHCARE BETHE, SDA, INC.  
Address: 44 SOUTH BROADWAY SUITE 1200  
City-St-Zip: WHITE PLAINS, NY 10601 US

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: JOYCE TICHY

SECY

11/05/2008

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