


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M01000001976		
1. Entity Name SENIOR CARE FLORIDA LEASING, LLC		

FILED

06 OCT 13 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1621 GALLERIA BLVD. BRENTWOOD, TN 37027	Mailing Address 1621 GALLERIA BLVD. BRENTWOOD, TN 37027
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10052006 REIN-LLC CR2E101 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent. NRAI Services, Inc.

SIGNATURE Charles Coyle Charles Coyle - Asst. Secy. 10-10-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIVERSICARE LEASING CORP 1621 GALLERIA BLVD. BRENTWOOD, TN 37027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2006

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Glynn Riddle Diversicare Leasing Corp.
 Glynn Riddle - CFO 10/09/06 615-771-7535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MO1000001976

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

1333 N. DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10-13-06

NAME: SENIOR CARE FLORIDA LEASING, LLC

TYPE OF FILING: REINSTATMENT

COST: \$150

RETURN:

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 OCT 13 AM 10:14
TO AUSTIN, LEDGE
SUFFICIENCY OF FILING

FILED
06 OCT 13 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge