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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 28 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # M01000001977

1. Limited Liability Company's Name
Senior Care Cedar Hills, LLC

10/14/02

2. Principal Office Address		**3.** Mailing Office Address	
277 Mallory Station Road		277 Mallory Station Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 130		Suite 130	
City & State		City & State	
Franklin, Tennessee		Franklin, Tennessee	
Zip	Country	Zip	Country
37067	USA	37067	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida August 28, 2001

6. FEI Number
62-1873948
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

Suite, Apt. #, Etc.

City Tallahassee | State FL | Zip Code 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent NRAI Services, Inc. Charles Coyle Date 7-25-2003

Charles Coyle REGISTERED AGENT MUST SIGN Asst. Secy.

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mem	Senior Care Florida Leasing LLC	277 Mallory Station Rd, Ste 130	Franklin, TN 37067
MGRM			
	REINSTATEMENT 2002-2003		BK

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 7/24/03 Daytime Phone # (615) 771-7575

Typed or printed name of signing Managing Member/Manager William R. Council, III - President of sole Member Senior Care Florida Leasing, LLC