

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M08000003084

FILED
Nov 12, 2009
Secretary of State

Entity Name: SAMARITAN CARE HOSPICE OF OSCEOLA, LLC

Current Principal Place of Business:

1300 NORTH SEMORAN BLVD., STE. 210
ORLANDO, FL 32807

New Principal Place of Business:

1300 NORTH SEMORAN BLVD.
SUITE 210
ORLANDO, FL 32807

Current Mailing Address:

1300 NORTH SEMORAN BLVD., STE. 210
ORLANDO, FL 32807

New Mailing Address:

1300 NORTH SEMORAN BLVD.
SUITE 210
ORLANDO, FL 32807

FEI Number: 26-2874109 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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

NATIONAL CORPORATE RESEARCH LTD, INC
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: NATIONAL CORPORATE RESEARCH LTD, INC

11/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOSPICE INT.HEALTH SVCS. OF DIST. VII-B
Address: 930 RIDGEBROOK RD.
City-St-Zip: SPARKS, MD 21152

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAMARITAN CARE HOSPICE OF OSCEOLA, LLC
Address: 1300 N SEMORAN BLVD SUITE 210
City-St-Zip: ORLANDO, FL 32807

Title: PRES () Change (X) Addition
Name: ALVAREZ, MARIE
Address: 1300 N SEMORAN BLVD SUITE 210
City-St-Zip: ORLANDO, FL 32807

Title: VP () Change (X) Addition
Name: STEWART, LATRICE
Address: 1300 SEMORAN BLVD SUITE 210
City-St-Zip: ORLANDO, FL 32807

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: MARIE ALVAREZ

PRES

11/12/2009

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