

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 MAR 31 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02032009 REIN-LLC CR2E101 (1/07)

4. FEI Number 62-1587564 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SCA-WINTER PARK, INC. ☐ Delete
STREET ADDRESS ONE HEALTHSOUTH PARKWAY
CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE MGRM
NAME SCA Winter Park, Inc. ☒ Change ☐ Addition
STREET ADDRESS 3000 Riverchase Galleria, Ste 500
CITY-ST-ZIP Birmingham, AL 35244

TITLE MGRM
NAME PRINCETON PROFESSIONAL SERVICES, INC. ☐ Delete
STREET ADDRESS 601 EAST ROLLINS STREET
CITY-ST-ZIP ORLANDO, FL 32902

TITLE MGRM
NAME Princeton Professional Services, Inc. ☒ Change ☐ Addition
STREET ADDRESS 2501 North Orange Avenue, Ste 439
CITY-ST-ZIP Orlando, FL 32804

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Steven J. Huttka

Steven J. Huttka, VP of MGRM

2/5/09

(205) 545-2572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT

OK 2-1-09