

# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M98000000905

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** HEIGHTS HEALTHCARE COMPANY, L.L.C.

**Current Principal Place of Business:**

1240 MARBELLA PLAZA DR.  
TAMPA, FL 33619

**New Principal Place of Business:**

1240 MARBELLA PLAZA DR.  
SUITE 130  
TAMPA, FL 33619

**Current Mailing Address:**

1240 MARBELLA PLAZA DR.  
TAMPA, FL 33619

**New Mailing Address:**

1240 MARBELLA PLAZA DR.  
SUITE 130  
TAMPA, FL 33619

**FEI Number:** 59-3437967      **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:**

VAUGHAN, DAVID R  
1240 MARBELLA PLAZA DR.  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

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: DAVID R. VAUGHAN

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VAUGHAN, DAVID R  
Address: 1240 MARBELLA PLAZA DR.  
City-St-Zip: TAMPA, FL 33619

I hereby 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: DAVID R. VAUGHAN

MGR.

04/16/2010

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