

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M99000000312

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** PRIME HEALTH CARE CAPITAL, 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:** 58-2449276      **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:**

VAUGHN, DAVID R  
1240 MARBELLA PL DR  
TAMPA, FL 33619 US

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

VAUGHN, DAVID R  
1240 MARBELLA PL DR  
SUITE 130  
TAMPA, FL 33619 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: DAVID R. VAUGHAN

04/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PRIME HEALTH SYSTEMS, LLC  
**Address:** 1240 MARBELLA PLAZA DRIVE  
**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

MGRM

04/20/2010

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