

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000073726

Entity Name: PROVIDENT CARE MANAGEMENT, LLC

Current Principal Place of Business:

6412 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321

Current Mailing Address:

8237 SUNSET STRIP
SUNRISE, FL 33322

FEI Number: 26-3143148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOBETZ, DOLORES
6412 NORTH UNIVERSITY DRIVE
TAMARAC, FL 33321 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: DOLORES KOBETZ

02/23/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	OH, TAEHO	Name	KOBETZ, DOLORES LORI
Address	12685 MAPLE RD	Address	6412 NORTH UNIVERSITY DRIVE
City-State-Zip:	NORTH MIAMI FL 33181	City-State-Zip:	TAMARAC FL 33321

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOLORES LORI KOBETZ

MANAGER

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date