

2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000010626

Entity Name: RED HILLS HEALTH, LLC**Current Principal Place of Business:**1639 VILLAGE SQUARE BOULEVARD
TALLAHASSEE, FL 32309**Current Mailing Address:**1639VILLAGE SQUARE BOULEVARD
TALLAHASSEE, FL 32309 US**FEI Number:** 45-4336091**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCCORD, GUYTE PIII
1639 VILLAGE SQUARE BOULEVARD
TALLAHASSEE, FL 32309 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:** GUYTE P MCCORD III

01/09/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	DAVIS, WILBURN T III
Address	1639 VILLAGE SQUARE BOULEVARD
City-State-Zip:	TALLAHASSEE FL 32309

Title	MANAGER
Name	BEASLEY, ROBERT O
Address	226 EAST GOVERNMENT STREET
City-State-Zip:	PENSACOLA FL 32501

Title	MGR
Name	VANCE, JOHN CAMERON
Address	1639 VILLAGE SQUARE BOULEVARD
City-State-Zip:	TALLAHASSEE FL 32309

Title	MANAGER
Name	VICKERS, BOBBY RAY
Address	1639 VILLAGE SQUARE BOULEVARD
City-State-Zip:	TALLAHASSEE FL 32309

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: WILBURN T DAVIS III

MANAGER

01/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date