

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# F05000005986

Entity Name: WCA OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

ONE RIVERWAY, SUITE 1400
HOUSTON, TX 77056

New Principal Place of Business:

Current Mailing Address:

ONE RIVERWAY, SUITE 1400
HOUSTON, TX 77056

New Mailing Address:

FEI Number: 20-3753650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303 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: CAPITOL CORPORATE SERVICES, INC.

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COBD () Delete
Name: FATJO, TOM J JR.
Address: ONE RIVERWAY, SUITE 1400
City-St-Zip: HOUSTON, TX 77056

Title: PD () Delete
Name: KRUSZKA, JEROME M
Address: ONE RIVERWAY, SUITE 1400
City-St-Zip: HOUSTON, TX 77056

Title: VS () Delete
Name: MENGER, J. EDWARD
Address: ONE RIVERWAY, SUITE 1400
City-St-Zip: HOUSTON, TX 77056

Title: V () Delete
Name: MITCHELL, KEVIN D
Address: ONE RIVERWAY, SUITE 1400
City-St-Zip: HOUSTON, TX 77056

Title: V () Delete
Name: PAXTON, MICHAEL L
Address: ONE RIVERWAY, SUITE 1400
City-St-Zip: HOUSTON, TX 77056

Title: V () Delete
Name: EWELL, DAVID C
Address: ONE RIVERWAY, SUITE 1400
City-St-Zip: HOUSTON, TX 77056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. EDWARD MENGER

VS

10/05/2006

Electronic Signature of Signing Officer or Director

Date