

2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 25, 2005
Secretary of State**

DOCUMENT# P02000022899

Entity Name: APPROPRIATE CARE MANAGEMENT, INC.

Current Principal Place of Business:

4626 BEACH PARK DRIVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4626 BEACH PARK DRIVE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 75-3026673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W
106 S TAMPANIA AVE STE 200
TAMPA, FL 33609 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: VICTOR W HOLCOMB

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: D () Delete
Name: JONES, CAROLINE H
Address: 4626 BEACH PARK DRIVE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: CAROLINE H JONES

Electronic Signature of Signing Officer or Director

D

10/25/2005

Date