

**2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000101495

**FILED  
Oct 11, 2011  
Secretary of State**

**Entity Name:** LOVING SUPPORT MED-WAIVER PROVIDER INC

**Current Principal Place of Business:**

6986 JACK HORNER LN  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

6986 JACK HORNER LN  
JACKSONVILLE, FL 32210

**New Mailing Address:**

FEI Number: 20-3171069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KELLAM-GREEN, PAMELA  
6986 JACK HORNER LN  
JACKSONVILLE, FL 32210 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: PAMELA KELLAM-GREEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KELLAM-GREEN, PAMELA  
Address: 6986 JACK HORNER LN  
City-St-Zip: JACKSONVILLE, FL 32210

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 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 all other like empowered.

SIGNATURE: PAMELA KELLAM-GREEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/11/2011

\_\_\_\_\_  
Date