2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 13, 2006
Secretary of State

DOCUMENT# 747593

Entity Name: WEST MELBOURNE HEALTH CENTER,INC.

Current Principal Place of Business:

2125 NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

2125 NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 59-1499228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLASS, GREGORY W
1800 W. HISBISCUS BLVD., SUITE 138
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: AL FARNELL (ON BEHALF OF C T CORPORATION) 10/13/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ESTES, NORMAN
Address: 931 FAIRFAX PARK
City-St-Zip: TUSCALOOSA, AL 35406

Title: VPD ( ) Delete
Name: BURCHFIELD, JOHN
Address: 931 FAIRFAX PARK
City-St-Zip: TUSCALOOSA, AL 35406

Title: STD ( ) Delete
Name: LEE, CLAUDE
Address: 931 FAIRFAX PARK
City-St-Zip: TUSCALOOSA, AL 35406

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE LEE STD 10/13/2006
Electronic Signature of Signing Officer or Director Date