2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 13, 2009
Secretary of State

DOCUMENT# 755977

Entity Name: VERSACARE, INC.

Current Principal Place of Business:

702 S. WASHBURN AVE.
CORONA, CA 91720 US

New Principal Place of Business:

Current Mailing Address:

702 S. WASHBURN AVE.
CORONA, CA 91720 US

New Mailing Address:

FEI Number: 33-0052434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, GEORGE W
2711 N. POMELO AVE.
AVON PARK, FL 33825 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: /GEORGE W. BROWN/
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PVC	( ) Delete
Name:	COY, ROBERT E.	
Address:	201 LEASON COVE DR	
City-St-Zip:	LUSBY, MD 20657	
Title:	S	( ) Delete
Name:	HANSON, CALVIN J	
Address:	3502 FAIRWAY DR	
City-St-Zip:	CAMERON PARK, FL 95682	
Title:	C	( ) Delete
Name:	SANDEFUR, CHARLES C	
Address:	12501 OLD COLUMBIA PIKE	
City-St-Zip:	SILVER SPRING, MD 209046600	
Title:	T	( ) Delete
Name:	BRODERSEN, ELLEN H.	
Address:	92 N LIBERTY ST	
City-St-Zip:	HARRISONBURG, VA 22801	
Title:	D	( ) Delete
Name:	BROWN, GEORGE W	
Address:	2711 NORTH POMELO DRIVE	
City-St-Zip:	AVON PARK, FL 33013	
Title:	D	( ) Delete
Name:	MACOMBER, ROBERT D	
Address:	5408 PEACOCK LANE	
City-St-Zip:	RIVERSIDE, CA 92505	

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 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: /ROBERT E. COY/ PRES 11/13/2009
Electronic Signature of Signing Officer or Director — Date