

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F02000003785

Entity Name: ANGELICARE, INC.

**FILED**  
**Jul 01, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1505 WOODWARD AVENUE  
DETROIT, MI 48226

**New Principal Place of Business:**

**Current Mailing Address:**

1505 WOODWARD AVENUE  
DETROIT, MI 48226

**New Mailing Address:**

FEI Number: 38-3420703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

ALFORD, CATHY  
37063 JUMPING JAX LANE  
HILLIARD, FL 32046 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: CATHY ALFORD

07/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: HENDERSON, TERRIE W  
Address: 1505 WOODWARD AVENUE  
City-St-Zip: DETROIT, MI 48226

**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: TERRIE W. HENDERSON

DPST

07/01/2005

Electronic Signature of Signing Officer or Director

Date