2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000004544

1. Entity Name
SHEPHERD CENTER, INC.

FILED
05 NOV -7 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2020 PEACHTREE ROAD, NW ATLANTA, GA 30309	2020 PEACHTREE ROAD, NW ATLANTA, GA 30309

10312005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0141601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name N/A Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joe Bolden JOAN BOLDEN ASSISTANT SECRETARY DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $61.25 After January 1, 2006, Fee will be $122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ULICNY, GARY PH.D. 2020 PEACHTREE ROAD, NW ATLANTA, GA 30309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000061221700 11/07/05--01064--020 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SHEPHERD, JAMES H JR 2020 PEACHTREE ROAD, NW ATLANTA, GA 30309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHWALL, EMORY A 2020 PEACHTREE ROAD, NW ATLANTA, GA 30309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEARD, C. DUNCAN CLU ELEVEN PIEDMONT CENTER, SUITE 120 ATLANTA, GA 30305	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Goot, Stephen B. 600 West Peachtree Street, Suite 1500 Atlanta, GA 30308 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOWLER, WILLIAM C 3106 ANDREWS DR., NW ATLANTA, GA 303052003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPHERD, ALANA 2020 PEACHTREE RD., NW ATLANTA, GA 30303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GKU Gary Ulicny 11/3/05 404-350-2020
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DESIGNATED IN SECTION 12 — Date — Daytime Phone #