

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000004544

FILED
Oct 17, 2007
Secretary of State

Entity Name: SHEPHERD CENTER, INC.

Current Principal Place of Business:

2020 PEACHTREE ROAD, NW
ATLANTA, GA 30309

New Principal Place of Business:

Current Mailing Address:

2020 PEACHTREE ROAD, NW
ATLANTA, GA 30309

New Mailing Address:

FEI Number: 51-0141601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

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: JENNIFER F. AULTMAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ULICNY, GARY PH.D.
Address: 2020 PEACHTREE ROAD, NW
City-St-Zip: ATLANTA, GA 30309

Title: CD () Delete
Name: SHEPHERD, JAMES H JR
Address: 2020 PEACHTREE ROAD, NW
City-St-Zip: ATLANTA, GA 30309

Title: VD () Delete
Name: SCHWALL, EMORY A
Address: 2020 PEACHTREE ROAD, NW
City-St-Zip: ATLANTA, GA 30309

Title: SD () Delete
Name: GOOT, STEPHEN B CLU
Address: 600 W. PEACHTREE ST., STE. 1500
City-St-Zip: ATLANTA, GA 30308

Title: D () Delete
Name: FOWLER, WILLIAM C
Address: 3106 ANDREWS DR., NW
City-St-Zip: ATLANTA, GA 303052003

Title: D () Delete
Name: SHEPHERD, ALANA
Address: 2020 PEACHTREE RD., NW
City-St-Zip: ATLANTA, GA 30303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ULICNY, GARY R PH.D.
Address: 2020 PEACHTREE ROAD, NW
City-St-Zip: ATLANTA, GA 30309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SCHWALL, EMORY A
Address: 2964 PEACHTREE ROAD NE, SUITE 200
City-St-Zip: ATLANTA, GA 30305

Title: SD (X) Change () Addition
Name: GOOT, STEPHEN B CLU
Address: 4380 HARRIS TRAIL, NW
City-St-Zip: ATLANTA, GA 30327

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: GARY R. ULICNY, PH.D.

CEO

10/17/2007

Electronic Signature of Signing Officer or Director

Date