2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2006
Secretary of State

DOCUMENT# F05000005235

Entity Name: LIFE MASTERS SUPPORTED SELF CARE, INC.

Current Principal Place of Business:

5000 SHORELINE COURT, SUITE 300
SOUTH SAN FRANCISCO, CA 94080

New Principal Place of Business:

Current Mailing Address:

5000 SHORELINE COURT, SUITE 300
SOUTH SAN FRANCISCO, CA 94080

New Mailing Address:

15635 ALTON PARKAWAY, SUITE 400
ATTN: BETSY CHRISTIE
IRVINE, CA 92618

FEI Number: 94-3206428 **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:

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: SCOTT FERRARO

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BIANCHI, ANNETTE M
Address: 1001 BAYHILL DRIVE, SUITE 300
City-St-Zip: SAN BRUNO, CA 94066

Title: D ( ) Delete
Name: CROUCH, LAYTON R
Address: 16830 VENTURA BLVD., SUITE 244
City-St-Zip: ENCINO, CA 91436

Title: D ( ) Delete
Name: HIGGINS, KENNETH E
Address: 50 SOUTH SIXTH STREET, SUITE 1390
City-St-Zip: MINNEAPOLIS, MN 554027020

Title: D ( ) Delete
Name: LAVIGNE, LOUIS J JR
Address: 1158 UPPER HAPPY VALLEY ROAD
City-St-Zip: LAFAYETTE, CA 94549

Title: EC ( ) Delete
Name: SELECKY, CHRISTOBEL E
Address: 15635 ALTON PARKWAY, SUITE 400
City-St-Zip: IRVINE, CA 92618

Title: D ( ) Delete
Name: SNYDERMAN, RALPH MD
Address: DUMC BOX 3059
City-St-Zip: DURHAM, NC 27710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: STRAND, DAVID M
Address: 5000 SHORELINE COURT, SUITE 300
City-St-Zip: SOUTH SAN FRANCISCO, CA 94080

Title: CFO (X) Change ( ) Addition
Name: MORRIS, DEBRA L
Address: 15635 ALTON PARKWAY, SUITE 400
City-St-Zip: IRVINE, CA 92618

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

SIGNATURE: DEBRA L. MORRIS CFO 10/09/2006

Electronic Signature of Signing Officer or Director — Date