2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000003296

Entity Name: ROCKPORT HEALTHCARE GROUP, INC.

FILED Nov 18, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
50 BRIAR HOLLOW LANE, #515W HOUSTON, TX 77027							
Current Mailing Address:				New Mailing Address:			
50 BRIAR HOLLOW LANE, #515W HOUSTON, TX 77027			5353 N. 16TH STREET SUITE 250 PHOENIX, AZ 85016				
FEI Number: 76-0565070 FEI Number Applied For () FEI Nu		FEI Nun	mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: JILL DELONG							
Electronic Signature of Registered Agent					Date		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	KOLSTAD, ERIC	N DRIVE, 17TH FLOOR		Title: Name: Address: City-St-Zip:	CEO (X) DAUGHERTY, L 5000 BRADENT DUBLIN, OH 43	ON AVENUE	
Title: Name: Address: City-St-Zip:	D () E BALDWIN, JOHN 901 HIGHLAND A DEL MAR, CA 92	N/E		Title: Name: Address: City-St-Zip:	SECT (X) MCCARTHY, MA 5000 BRADENT DUBLIN, OH 43	ON AVENUE	
Title: Name: Address: City-St-Zip:	DST ()E HINSON, LARRY 4819 STILLBROO HOUSTON, TX 7	OKE		Title: Name: Address: City-St-Zip:	TREA (X) CREA, STEPHE 5000 BRADENT DUBLIN, OH 43	ON AVENUE	
Title: Name: Address: City-St-Zip:	NEER, HARRY M	DW LANE, #515W		Title: Name: Address: City-St-Zip:	NEER, HARRY	.OW LANE, #515W	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	NEER, GREG H	OW LANE #515W	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	NEER, MARK C	OW LANE #515W	

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

SIGNATURE: JACQUELINE DUARTE VP 11/18/2008