

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F13000000587

FILED
Oct 09, 2014
Secretary of State

Entity Name: SPECIAL CARE MEDICAL OF SOUTH CAROLINA, INC.

Current Principal Place of Business:

3465 LEAPHART ROAD WEST
COLUMBIA, SC 29169

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 21564
COLUMBIA, SC 29221

New Mailing Address:

FEI Number: 57-0818783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLENDON, WALTER D
5010 US 41 NORTH
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

MCLENDON, WALTER D
5010 US 41 NORTH SUITE A&B
PALMETTO, FL 34221 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: WALTER D. MCLENDON

10/09/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MCLENDON, WALTER D
Address: POST OFFICE BOX 21564
City-St-Zip: COLUMBIA, SC 29221

Title: VD
Name: WATSON, PAUL E
Address: POST OFFICE BOX 21564
City-St-Zip: COLUMBIA, SC 29221

Title: S
Name: ANDERSON, GINNY
Address: POST OFFICE BOX 21564
City-St-Zip: COLUMBIA, SC 29221

Title: T
Name: MCLENDON, NICK
Address: POST OFFICE BOX 21564
City-St-Zip: COLUMBIA, SC 29221

I hereby 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 all other like empowered.

SIGNATURE: WALTER D. MCLENDON

CEO

10/09/2014

Electronic Signature of Signing Officer or Director

Date