

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED


04 DEC 22 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



11042004 REIN-P CR2E098 (6/04)

DOCUMENT # F98000000948			
1. Entity Name EDENCARE GP, INC.			
Principal Place of Business 10 ROSWELL STREET STE 200 ALPHARETTA, GA 30004		Mailing Address 10 ROSWELL STREET STE 200 ALPHARETTA, GA 30004	
2. Principal Place of Business 11 STATE STREET Suite, Apt. #, etc.		3. Mailing Address 11 STATE STREET Suite, Apt. #, etc.	
City & State CHARLESTON SC		City & State CHARLESTON SC	
Zip 29401	Country U.S.	Zip 29401	Country U.S.
4. FEI Number 58-2319598		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name 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 <u>Dale W. Morris</u> ASSISTANT VICE PRESIDENT DATE <u>12/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIEGEL, MARK T 10 ROSWELL ST. STE. 200 ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11/15/04-01076-001 450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HETTINGA, CLARK D 10 ROSWELL STREET, STE 200 ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300042756133 11/15/04-01076-001 **450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SPEIGEL, MARK T 10 ROSWELL ST. STE 200 ALPHARETTA, GA 30004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROENTEMAN, SUSAN T 2001 ROSS AVENUE, STE 3200 DALLAS, TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAITH, ROBERT A TWO RIVERWAY, STE 850 HOUSTON, TX <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11 STATE STREET CHARLESTON, SC 29401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>11/05/04</u> DAYTIME PHONE # <u>(843) 579-9400</u>	