2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED
04 DEC 22 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000949

1. Entity Name
EDENCARE MANAGEMENT, INC.

Principal Place of Business
10 ROSWELL STREET, STE 200
ALPHARETTA, GA 30004

Mailing Address
10 ROSWELL STREET, STE 200
ALPHARETTA, GA 30004

REINSTATEMENT 04

11042004 REIN-P CR2E098 (6/04)

2. Principal Place of Business
11 STATE STREET
Suite, Apt. #, etc.

3. Mailing Address
11 STATE STREET
Suite, Apt. #, etc.

City & State: CHARLESTON, SC
Zip: 29401 Country: U.S.

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Zip: 29401 Country: U.S.

4. FEI Number: 58-2319604 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $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 Dale W. Morris DALE W. MORRIS ASSISTANT VICE PRESIDENT 12/20/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	P	☐ Delete
NAME	SPIEGEL, MARK T	
STREET ADDRESS	10 ROSWELL STREET, STE 200	
CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	CFO	☐ Delete
NAME	HETTINGA, CLARK D	
STREET ADDRESS	10 ROSWELL STREET, STE 200	
CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	VS	☐ Delete
NAME	SPIEGEL, MARK T	
STREET ADDRESS	10 ROSWELL STREET, STE 200	
CITY-ST-ZIP	ALPHARETTA, GA 30004	
TITLE	D	☐ Delete
NAME	GROENTEMAN, SUSAN T	
STREET ADDRESS	2001 ROSS AVENUE, STE 3200	
CITY-ST-ZIP	DALLAS, TX	
TITLE	D	☐ Delete
NAME	FAITH, ROBERT A	
STREET ADDRESS	TWO RIVERWAY, STE 850	
CITY-ST-ZIP	HOUSTON, TX	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	300042756133	
STREET ADDRESS	11/15/04--01076--011 **450.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	11 STATE STREET	
CITY-ST-ZIP	CHARLESTON, SC 29401	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ 11/8/04 (843) 579-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #