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.

REINSTATEMENT 04

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

11042004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
11 STATE STREET Suite, Apt. #, etc.	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: 58-2319604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SPIEGEL, MARK T 10 ROSWELL STREET, STE 200 ALPHARETTA, GA 30004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300042756133 11/15/04--01076--011 **450.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO HETTINGA, CLARK D 10 ROSWELL STREET, STE 200 ALPHARETTA, GA 30004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS SPIEGEL, MARK T 10 ROSWELL STREET, STE 200 ALPHARETTA, GA 30004	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROENTEMAN, SUSAN T 2001 ROSS AVENUE, STE 3200 DALLAS, TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAITH, ROBERT A TWO RIVERWAY, STE 850 HOUSTON, TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11 STATE STREET CHARLESTON, SC 29401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 11/8/04 (843)579-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #