

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC 22 PM 2:51

DOCUMENT # F98000006069

1. Entity Name
EDENCARE MEZZANINE 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
Zip
29401
Country
U.S.

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

4. FEI Number
58-2460524
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*
Signature, typed or printed name of registered agent and title if applicable.

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

12/20/04
DATE

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME GROENTEMAN, SUSAN T
STREET ADDRESS 2001 ROSS AVE., STE. 3200
CITY-ST-ZIP DALLAS, TX 75201

TITLE D ☐ Delete
NAME FAITH, ROBERT A
STREET ADDRESS 11 STATE ST.
CITY-ST-ZIP CHARLESTON, SC 29401

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300042756133
11/15/04--01076--011 **450.00

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
CITY-ST-ZIP

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: *Mark T Spiegel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/04
Date

(843) 579-9400
Daytime Phone #