

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# J41624

Entity Name: WILDWOOD HEALTHCARE, INC.

FILED  
Oct 10, 2005  
Secretary of State

## Current Principal Place of Business:

490 S. OLD WIRE ROAD  
WILDWOOD, FL 347850001 US

## New Principal Place of Business:

3 MILL ROAD  
SUITE 200  
WILMINGTON, DE 19806 US

## Current Mailing Address:

3 MILL ROAD  
SUITE 200  
WILMINGTON, DE 19806 US

## New Mailing Address:

FEI Number: 59-2750357      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTIN, H.E.  
HWY 27  
FT. WHITE, FL 32038 US

## Name and Address of New Registered Agent:

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: H.E. MARTIN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SILVER, STEPHEN,  
Address: THREE MILL ROAD  
City-St-Zip: WILMINGTON, DE 19806

Title: D ( ) Delete  
Name: BAINUM, ROBERT,  
Address: 10701 MAIN ST  
City-St-Zip: FAIRFAX, VA 22030

Title: DV ( ) Delete  
Name: PRICE, BRAXTON,  
Address: 601 N GROVE STREET  
City-St-Zip: EUSTIS, FL 32726

Title: DST ( ) Delete  
Name: MARTIN, H.E.,  
Address: P O BOX 328 N/A  
City-St-Zip: FORT WHITE, FL 32038

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEPHEN S. SILVER

DP

10/10/2005

Electronic Signature of Signing Officer or Director

Date