2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 01, 2014
Secretary of State

DOCUMENT# K34397

Entity Name: ENGLEWOOD FAMILY HEALTH CARE CENTER, INC.

Current Principal Place of Business:

C/O TODD R. CHACE
2400 S. MCCALL RD, STE C
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

C/O TODD R. CHACE
2400 S. MCCALL RD, STE C
ENGLEWOOD, FL 34224

New Mailing Address:

FEI Number: 59-2905759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHACE, TODD R.
2400 S MCCALL ROAD, SUITE C
ENGLEWOOD, FL 34224 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: TODD R. CHACE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: CHACE, TODD R.
Address: 1803 WHISPERING PINES CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

I hereby 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 all other like empowered.

SIGNATURE: TODD R. CHACE D 12/01/2014

Electronic Signature of Signing Officer or Director — Date