2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

City-St-Zip:

NAPLES, FL 34114

FILED Oct 07, 2009

DOCOM	/IENT# N00000005236	Secretary of	Secretary of State	
Entity Na	me: CAMPUS OF CARE CCRC, INC.			
Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
3805 THE NAPLES, I	LORD'S WAY FL 34114			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
3805 THE NAPLES, I	LORD'S WAY FL 34114			
	: 20-2448221 FEI Number Applied For (ice with s. 607.193(2)(b), F.S., the corporation of		red ()	
Name and	l Address of Current Registered Agen	t: Name and Address of New Registered Agent:	i •	
6267 ADK NAPLES, I		the purpose of changing its registered office or registered agent	t, or both,	
SIGNATUI	RE: DAVID MALLORY			
SIGNATO	Electronic Signature of Registered	d Agent Date		
OFFICERS AND DIRECTORS:		· ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete MALLORY, JAMES DAVID 6267 ADKINS AVENUE NAPLES, FL 34112	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	V () Delete MALLORY, REBECCA 6267 ADKINS AVENUE NAPLES, FL 34112	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address:	S () Delete CASSETTY, ED 3805 THE LORD'S WAY	Title: () Change () Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DAVID MALLORY Ρ 10/07/2009