## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N01000006436

Entity Name: CATHEDRAL SQUARE-THC, INC.

FILED Jun 23, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9000 REGENCY SQUIRE BLVD. 9000 REGENCY SQUIRE BLVD.

JACKSONVILLE, FL 32211 FIRST FLOOR

JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

P.O. BOX 8608 9000 REGENCY SQUIRE BLVD. JACKSONVILLE, FL 32239 FIRST FLOOR

JACKSONVILLE, FL 32211

FEI Number: 59-3742739 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAYSINGER, DAVID
8057 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211 US
PAYSINGER, DAVID
9000 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32211 US

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: DAVID PAYSINGER 06/23/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PAYSINGER, DAVID
 Name:

 Address:
 11841 HIDDEN HILLS DRIVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TRAVIS, CHARLES T
 Name:

 Address:
 1152 OAKRIDGE DRIVE SOUTH
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

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.

SIGNATURE: CHARLES TRAVIS D 06/23/2008