2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2009
Secretary of State

DOCUMENT# N02000004033

Entity Name: FRIENDS OF HEALTH & HUMAN SERVICES OF ST. JOHNS COUNTY, FLORIDA, INC.

Current Principal Place of Business:

4475 US 1 SOUTH
STE 106
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

P O BOX 860172
ST AUGUSTINE, FL 32086

New Mailing Address:

4475 US 1 SOUTH
STE 106
ST AUGUSTINE, FL 32086

FEI Number: 03-0444454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CRAWFORD, JOHN R
4475 US 1 SOUTH
STE 106
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

GASKILL, MARY E
532 PROSPERITY LAKE DRIVE
SAINT AUGUSTINE, FL 32092 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: MARY E. GASKILL 10/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: FREEMAN, CHERYL
Address: 4475 US 1 SOUTH STE 106
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: T ( ) Delete
Name: CRAWFORD, JOHN R
Address: 4475 US 1 SOUTH STE 106
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: BARNARD, KATHLEEN
Address: 4475 US I SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: MARY E. GASKILL P 10/30/2009
Electronic Signature of Signing Officer or Director — Date