

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006205

FILED  
Sep 21, 2006  
Secretary of State

**Entity Name:** THE LATMA OUTREACH & REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

491 SW CAPTAIN BROWN RD  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

491 SW CAPTAIN BROWN RD  
MADISON, FL 32340

**New Mailing Address:**

**FEI Number:** 35-2211143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPENCER, EMILY  
1218 NW PICKLE LN  
MADISON, FL 32340 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: EMILY SPENCER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SPENCER, CARL E  
Address: 1218 NW PICKLE LN  
City-St-Zip: MADISON, FL 32340

Title: V ( ) Delete  
Name: SPENCER, EMILY  
Address: 1218 NW PICKLE LN  
City-St-Zip: MADISON, FL 32340

Title: T ( ) Delete  
Name: OLLIFF, NATHANIEL  
Address: PO BOX 1045  
City-St-Zip: MADISON, FL 32341

Title: S ( ) Delete  
Name: HART, EMMA  
Address: PO BOX 1045  
City-St-Zip: MADISON, FL 32341

**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 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: EMILY SPENCER

VP

09/21/2006

Electronic Signature of Signing Officer or Director

Date