

# **2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N03000006789

**FILED**  
**Dec 15, 2005**  
**Secretary of State**

**Entity Name:** V.I. CARE TUTORIAL CORP.

**Current Principal Place of Business:**

2100 45TH ST., STE B-6  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

501 WEST 1ST STREET  
RIVIERA BEACH, FL 33404

**Current Mailing Address:**

PO BOX 530274  
LAKE PARK, FL 33403

**New Mailing Address:**

**FEI Number:** 47-0926036      **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:**

TELEMACQUE, ANTHONY S SR  
10647 SQUIRES COURT  
JACKSONVILLE, FL 32257 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: ANTHONY TELEMACQUE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVP ( ) Delete  
Name: BEDMINSTER, GAIL  
Address: PO BOX 530274  
City-St-Zip: LAKE PARK, FL 33403

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WALKER, GAIL B  
Address: PO BOX 530274  
City-St-Zip: LAKE PARK, FL 33403 US

Title: VP ( ) Change (X) Addition  
Name: WALKER, FREEMAN J  
Address: P.O. BOX 530274  
City-St-Zip: LAKE PARK, FL 33403 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GAIL B. WALKER

P

12/15/2005

Electronic Signature of Signing Officer or Director

Date