

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009540

FILED
Dec 01, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA CARES, INC.

Current Principal Place of Business:

1800 MERCY DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

1800 MERCY DRIVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 55-0859897 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:

KASSAB, JOHN G
1800 MERCY DRIVE
ORLANDO, FL 32808 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: JOHN G KASSAB

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KASSAB, JOHN G
Address: 1800 MERCY DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: VP () Delete
Name: WHITAKER, JAMES B
Address: 400 EAST SHERIDAN RD
City-St-Zip: MELBOURNE, FL 32901

Title: T () Delete
Name: BERKO, JAMES P
Address: 237 FERNWOOD BLVD
City-St-Zip: FERN PARK, FL 32730

Title: S () Delete
Name: SHANKS, JAMES A
Address: 206 PARK PLACE BLVD
City-St-Zip: KISSIMMEE, FL 32741

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 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: JAMES P BERKO

T

12/01/2009

Electronic Signature of Signing Officer or Director

Date