

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009927

**FILED**  
**Jan 07, 2005**  
**Secretary of State**

**Entity Name:** GILCHRIST COUNTINUOUS CARE CORPORATION

**Current Principal Place of Business:**

25330 SW 10TH AVENUE  
NEWBERRY, FL 32693

**New Principal Place of Business:**

25330 SW 20TH AVENUE  
NEWBERRY, FL 32693

**Current Mailing Address:**

25330 SW 10TH AVENUE  
NEWBERRY, FL 32693

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

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

LAMAR, MICHAEL  
25330 SW 10TH AVENUE  
NEWBERRY, FL 32693 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: MICHAEL LAMAR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAMAR, MICHAEL  
Address: 25330 SW 10TH AVENUE  
City-St-Zip: NEWBERRY, FL 32693

Title: D ( ) Delete  
Name: LANGFORD, TOMMY  
Address: 6650 NE 55TH STREET  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D ( ) Delete  
Name: GENTRY, MITCHELL  
Address: 4959 SW 80TH AVENUE  
City-St-Zip: BELL, FL 32619

Title: D ( ) Delete  
Name: KINSEY, TIM  
Address: 722 NE 10TH AVENUE  
City-St-Zip: TRENTON, FL 32693

Title: D ( ) Delete  
Name: METTS, PAUL  
Address: 3846 NW 39TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: THOMAS, RAY E  
Address: 3259 W. BRYANT AVENUE  
City-St-Zip: BELL, FL 32619

**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:

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 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: MICHAEL LAMAR

D

01/07/2005

Electronic Signature of Signing Officer or Director

Date