

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010092

FILED  
Sep 07, 2012  
Secretary of State

**Entity Name:** COMPASSIONATE CARE CENTER, INC.

**Current Principal Place of Business:**

9207 S.W. 150 AVENUE  
MIAMI, FL 33196

**New Principal Place of Business:**

9207 S.W. 150 AVENUE  
MIAMI, FL 33196 US

**Current Mailing Address:**

9207 S.W. 150 AVENUE  
MIAMI, FL 33196

**New Mailing Address:**

9207 S.W. 150 AVENUE  
MIAMI, FL 33196 US

**FEI Number:** 30-0240659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RLB FINANCIAL SERVICES, INC.  
16115 SW 117 AVENUE  
SUITE A14  
MIAMI, FL 33177 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:** RENDELL L. BREWSTER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BRIGNOL, HANCY  
**Address:** 9207 S.W. 150 AVENUE  
**City-St-Zip:** MIAMI, FL 33196 US

**Title:** D  
**Name:** FLOYD, EASTER  
**Address:** 9207 S.W. 150 AVENUE  
**City-St-Zip:** MIAMI, FL 33196 US

**Title:** D  
**Name:** PIERRE, ANTHONY G  
**Address:** 12900 SW 119TH STREET  
**City-St-Zip:** MIAMI, FL 33186 US

I hereby 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 all other like empowered.

**SIGNATURE:** HANCY BRIGNOL

D

09/07/2012

Electronic Signature of Signing Officer or Director

Date