

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003950

FILED
Mar 17, 2014
Secretary of State

Entity Name: I.C.M.C. OF FLORIDA, INC.

Current Principal Place of Business:

15713 MADELINE DR.
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 147
CERESCO, MI 49033

New Mailing Address:

POST OFFICE BOX 915
BELLEVILLE, MI 48112

FEI Number: 34-1468123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCOLA, ROBERT L
15717 MADELINE DR.
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

FLORES, THOMAS D
15717 MADELINE DR.
HUDSON, FL 34667 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: THOMAS D FLORES

03/17/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: COONER, THOMAS
Address: POST OFFICE BOX 915
City-St-Zip: BELLEVILLE, MI 48112

Title: V
Name: MYRICE, CASEY
Address: POST OFFICE BOX 915
City-St-Zip: BELLEVILLE, MI 48112

Title: T
Name: HANSON, DONALD W
Address: POST OFFICE BOX 915
City-St-Zip: BELLEVILLE, MI 48112

Title: S
Name: JANKOWSKI, THOMAS
Address: POST OFFICE BOX 915
City-St-Zip: BELLEVILLE, MI 48112

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: THOMAS D FLORES

RA

03/17/2014

Electronic Signature of Signing Officer or Director

Date