

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007592

FILED
Oct 08, 2007
Secretary of State

Entity Name: A-1 HEALTHCARE OF JACKSONVILLE, INC.

Current Principal Place of Business:

8193 HOT SPRINGS DRIVE
JACKSONVILLE, FL 32244

New Principal Place of Business:

5560-5 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

Current Mailing Address:

8193 HOT SPRINGS DRIVE
JACKSONVILLE, FL 32244

New Mailing Address:

5560-5 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

FEI Number: 42-1640390 **FEI Number Applied For ()** **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:

WILLIAMS, JANICE
3323 MARTHA STREET
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

WILLIAMS, JANICE
6498 DIAMOND LEAF CT. S.
JACKSONVILLE, FL 32244 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: JANICE WILLIAMS

10/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, PAULETTE
Address: 3034 IMPERIAL STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: V () Delete
Name: TURNER, RAYNELL
Address: 1017 TURTLE CREEK DR S
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: FELTON, FELICIA
Address: 2401 JAMMES RD APT 8
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: SIMMONS, NICOLE
Address: 1214 LABELLE STREET #263
City-St-Zip: JACKSONVILLE, FL 32205

Title: C () Delete
Name: BEAN, BETTY
Address: 3541 OLEANDER STREET
City-St-Zip: JACKSONVILLE, FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, CECILY
Address: 6595 BIG STONE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

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: C (X) Change () Addition
Name: TILLIS, CHIQUITA
Address: 6498 DIAMOND LEAF CT. S.
City-St-Zip: JACKSONVILLE, FL 32244

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: JANICE WILLIAMS

P

10/08/2007

Electronic Signature of Signing Officer or Director

Date