

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009708

**FILED**  
**Oct 08, 2012**  
**Secretary of State**

**Entity Name:** FOREST BABIES REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

2268 SHORE DRIVE  
ST. AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

2268 SHORE DRIVE  
ST. AUGUSTINE, FL 32086 US

**New Mailing Address:**

**FEI Number:** 20-3514431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWEENEY, LINDA J  
2268 SHORE DRIVE  
ST. AUGUSTINE, FL 32086 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:** LINDA SWEENEY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SWEENEY, LINDA J  
**Address:** 2268 SHORE DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

**Title:** VP  
**Name:** SWEENEY, GARY M  
**Address:** 2268 SHORE DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

**Title:** TRES  
**Name:** SWEENEY, LINDA J  
**Address:** 2268 SHORE DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

**Title:** SEC  
**Name:** SWEENEY, LINDA J  
**Address:** 2268 SHORE DRIVE  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

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:** LINDA SWEENEY

P

10/08/2012

Electronic Signature of Signing Officer or Director

Date