

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000006539

FILED
Nov 18, 2008
Secretary of State

Entity Name: CREATED2CARE, INC.

Current Principal Place of Business:

4924 CAPE HATTERAS DR
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 580807
ORLANDO, FL 32858

New Mailing Address:

4924 CAPE HATTERAS
CLERMONT, FL 34714

FEI Number: 20-5368851 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:

ALBURY, ANTHONY J JR.
4924 CAPE HATTERAS DR.
CLERMONT, FL 34714 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: ANTHONY J. ALBURY JR.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALBURY, TOYA
Address: 4924 CAPE HATTERAS DR
City-St-Zip: CLERMONT, FL 34714

Title: D () Delete
Name: BURR, DARRYL
Address: 18941 BRETTON DRIVE
City-St-Zip: DETROIT, MI 48223

Title: D () Delete
Name: WALKER, PRESTON III
Address: 4853 PURDUE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: ALBURY, SARA
Address: 2108 PINEHURST DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: DRUMMOND, TONI
Address: 794 PALMERA STREET
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: TRACEY, JASON
Address: 1919 N STATE ROAD 7 SUITE 205
City-St-Zip: MARGATE, FL 33063

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
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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 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: ANTHONY J. ALBURY JR.

CEO

11/18/2008

Electronic Signature of Signing Officer or Director

Date