

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000006539

FILED
Jan 19, 2010
Secretary of State

Entity Name: CREATED2CARE, INC.

Current Principal Place of Business:

4924 CAPE HATTERAS DR
CLERMONT, FL 34714

New Principal Place of Business:

14804 AVENUE OF THE GROVES
11106
WINTER GARDEN, FL 34787

Current Mailing Address:

4924 CAPE HATTERAS
CLERMONT, FL 34714

New Mailing Address:

14804 AVENUE OF THE GROVES
11106
WINTER GARDEN, FL 34787

FEI Number: 20-5368851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

ALBURY, ANTHONY J JR.
14804 AVENUE OF THE GROVES
11106
WINTER GARDEN, FL 34787 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: ANTHONY J. ALBURY JR.

01/19/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ALBURY, ANTHONY
Address: 14804 AVENUE OF THE GROVES APT 11106
City-St-Zip: WINTER GARDEN, FL 34787

Title: D
Name: ALBURY, TOYA
Address: 14804 AVENUE OF THE GROVES APT 11106
City-St-Zip: WINTER GARDEN, FL 34787

Title: D
Name: DRUMMOND, TONI
Address: 2698 SPICEBUSH LOOP
City-St-Zip: APOPKA, FL 32712

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

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

Title: D
Name: HARRIS, ROCHELLE
Address: 844 GRAND REGENCY PT. #201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ANTHONY J. ALBURY JR.

MR

01/19/2010

Electronic Signature of Signing Officer or Director

Date