

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000010861

FILED  
Nov 09, 2009  
Secretary of State

Entity Name: OCALA COMMUNITY CARE, INC.

## Current Principal Place of Business:

692 NW 30 AVE  
OCALA, FL 34475

## New Principal Place of Business:

## Current Mailing Address:

POB 5638  
OCALA, FL 34478

## New Mailing Address:

P.O. BOX 5638  
OCALA, FL 34478

FEI Number: 26-1372976      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:

KLEIN, H. RANDOLPH  
333 NW 3RD AVE  
OCALA, FL 34475      US

## Name and Address of New Registered Agent:

HOELSCHER, PHILIP  
5025 LAKE IN THE WOODS BLVD  
LAKELAND, FL 33813      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: PHILIP HOELSCHER

11/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: PARES, SEGISMUNDO  
Address: PO BOX 4860  
City-St-Zip: OCALA, FL 34478

Title: VD      ( ) Delete  
Name: JORDAN, MIKE  
Address: 1800 SW 42 ST  
City-St-Zip: OCALA, FL 34474

Title: SD      ( ) Delete  
Name: TRAMMELL, DEBBIE  
Address: PO BOX 3655  
City-St-Zip: OCALA, FL 34778

Title: T      ( ) Delete  
Name: MICHELL, DYER  
Address: 2324 SE 14 ST  
City-St-Zip: OCALA, FL 34471

## 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  
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: SEGIMUNDO PARES

PD

11/09/2009

Electronic Signature of Signing Officer or Director

Date