2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011638

FILED Nov 12, 2013 Secretary of State

Entity Name: HOME CARE BY GULF COAST VILLAGE, INC.

Current Principal Place of Business: New Principal Place of Business:

1333 SANTA BARBARA BLVD CAPE CORAL, FL 33991

Current Mailing Address: New Mailing Address:

1333 SANTA BARBARA BLVD CAPE CORAL, FL 33991

FEI Number: 26-1774290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ESKIN, HAROLD S 1420 SE 47TH ST

CAPE CORAL, FL 33904 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: HAROLD S. ESKIN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: BRDM

Name: TURNBULL, THOMAS Address: 1660 DUKE STREET City-St-Zip: ALEXANDRIA, VA 22314 US

Title: CHRM

Name: SPILANE, MICHAEL MD Address: 401 PHALEN BLVD City-St-Zip: ST. PAUL, MN 55130 US

Title: SCTY

 Name:
 MOORE, CAROL

 Address:
 635 FIRST STREET

 City-St-Zip:
 ALEXANDRIA, VA 22314 US

Title: VCHR

Name: MAZURKIEWICZ, JOE JR. Address: PO BOX 101655

City-St-Zip: CAPE CORAL, FL 33910 US

Title: BRDM

Name: CASH, THOMAS N

Address: 8211 COLLEGE PARKWAY, SUITE 180

City-St-Zip: FORT MYERS, FL 33919 LE

Title: ASEC

Name: AHMADI, KEVIN

Address: 1333 SANTA BARBARA BLVD City-St-Zip: CAPE CORAL, FL 33991 LE

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: KEVIN AHMADI ASEC 11/12/2013