

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000000672

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** GRACE MEDICAL HOME, INC.

**Current Principal Place of Business:**

51 PENNSYLVANIA STREET  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

51 PENNSYLVANIA STREET  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 26-1817966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

B&C CORPORATE SERVICES OF CENTRAL FLA.,INC  
390 N. ORANGE AVE., SUITE 1400  
ORLANDO, FL 32801 US

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

GARRIS, STEPHANIE N  
51 PENNSYLVANIA STREET  
ORLANDO, FL 32806 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:** STEPHANIE N. GARRIS, EXECUTIVE DIRECTOR

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** CARPENTER, RITSY  
**Address:** 825 SEVILLE PL.  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** D  
**Name:** FLETCHER, RICK  
**Address:** 1200 BELLEAIRE CIR.  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** D  
**Name:** HARDY, MARVIN  
**Address:** 1111 BRYN MAWR ST.  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** D  
**Name:** KING, MARILYN  
**Address:** 358 VIRGINIA DR.  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** T  
**Name:** HORTON, LEIGH ANN  
**Address:** 1115 SEVILLE PLACE  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** D  
**Name:** MORGAN, DIANNA  
**Address:** 8284 TIBET BUTLER DR.  
**City-St-Zip:** WINDERMERE, FL 34786

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:** STEPHANIE N. GARRIS

MGR

01/13/2011

Electronic Signature of Signing Officer or Director

Date