

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N08000001994

**FILED**  
**Jun 12, 2010**  
**Secretary of State**

**Entity Name:** THE ROACH FOUNDATION FOR MEDICAL ASSISTANCE, INC.

**Current Principal Place of Business:**

5426 SW 25TH AVE  
FT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

5426 SW 25TH AVE  
FT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 26-2240512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD SUITE 400  
MIAMI BEACH, FL 33139 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:** TANIA LEMUS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ROACH, MARY C  
**Address:** 5426 SW 25TH AVE  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** S  
**Name:** NEWMAN, DELORES  
**Address:** 5426 SW 25TH AVE  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** T  
**Name:** COX, LINDA J  
**Address:** 5426 SW 25TH AVE  
**City-St-Zip:** FT LAUDERDALE, FL 33312

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:** MARY C. ROACH

P

06/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date