

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000006436

FILED
Nov 18, 2009
Secretary of State

Entity Name: LIFECARE ASSISTED LIVING FACILITY, INC.

Current Principal Place of Business:

9821 RIBAUT ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

9821 RIBAUT ROAD
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 26-2943451 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:

Name and Address of New Registered Agent:

SAWYER, VALARIE
4106 WOODLEY CREEK RD
JACKSONVILLE, FL 32218 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: VALARIE SAWYER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAWYER, VALARIE
Address: 4106 WOODLEY CREEK RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: DP () Delete
Name: SAWYER, DOUGLAS
Address: 4106 WOODLEY CREEK RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: DV () Delete
Name: WHITE, LAKEYA
Address: 4106 WOODLEY CREEK RD
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: VALARIE SAWYER

D

11/18/2009

Electronic Signature of Signing Officer or Director

Date