

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000010127

FILED
Jan 27, 2012
Secretary of State

Entity Name: ANGELS CARE CENTER OF ELOISE, INC.

Current Principal Place of Business:

708 SANTA MARIA DRIVE
WINTER HAVEN, FL 33884

New Principal Place of Business:

1020 SNIVELY AVENUE
ELOISE, FL 33880

Current Mailing Address:

708 SANTA MARIA DRIVE
WINTER HAVEN, FL 33884

New Mailing Address:

P.O. BOX 9211
WINTER HAVEN, FL 33883

FEI Number: 27-3841182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, LARRY
708 SANTA MARIA DRIVE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

POWELL, LARRY A
708 SANTA MARIA DRIVE
WINTER HAVEN, FL 33884 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: LARRY A POWELL

01/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: POWELL, LARRY A
Address: 708 SANTA MARIA DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP
Name: HONER, ANDY
Address: 1125 AVENUE A SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: S
Name: BARTON, EUGENIA
Address: 129 9TH ELOISE STREET NW
City-St-Zip: WINTER HAVEN, FL 33880

Title: T
Name: MCGRATH, TINA
Address: 525 POPE AVENUE NW
City-St-Zip: WINTER HAVEN, FL 33881

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: TINA MCGRATH

T

01/27/2012

Electronic Signature of Signing Officer or Director

Date