## 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N11000008229

Oct 18, 2012 Secretary of State

Entity Name: PHOENIX FAMILY HEALTH CARE CENTER, INC.

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

1581 WEST HWY 98 CARRABELLE, FL 32322

**Current Mailing Address: New Mailing Address:** 

1581 WEST HWY 98 CARRABELLE, FL 32322

FEI Number: 45-3046311 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MENDEZ CATLIN, SEAN 1581 WEST HWY 98 CARRABELLE, FL 32322

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: MR. SEAN MENDEZ CATLIN

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

MENDEZ CATLIN, SEAN Name: Address: 1581 WEST HWY 98 City-St-Zip: CARRABELLE, FL 32322 US

Title:

Name: MENDEZ CATLIN, LOIS Address: 1581 WEST HWY 98 City-St-Zip: CARRABELLE, FL 32322 US

Title: MD

CATLIN, LIONEL Name: Address: 1581 WEST HWY 98 City-St-Zip: CARRABELLE, FL 32322 US

Title: CS

Name: THOMPSON, JACQUELINE Address: 1581 WEST HWY 98 City-St-Zip: CARRABELLE, FL 32322 US

Title:

WHEELESS, DENISE Name: 1581 WEST HWY 98 Address: City-St-Zip: CARRABELLE, FL 32322

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: SEAN MENDEZ CATLIN MR. 10/18/2012