2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2012
Secretary of State

DOCUMENT# N11000008229

Entity Name: PHOENIX FAMILY HEALTH CARE CENTER, INC.

Current Principal Place of Business:

1581 WEST HWY 98
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

1581 WEST HWY 98
CARRABELLE, FL 32322

New Mailing Address:

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

Name and Address of Current Registered Agent:

MENDEZ CATLIN, SEAN
1581 WEST HWY 98
CARRABELLE, FL 32322 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: MR. SEAN MENDEZ CATLIN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

Title: MD
Name: CATLIN, LIONEL
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: LA
Name: WHEELESS, DENISE
Address: 1581 WEST HWY 98
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
Electronic Signature of Signing Officer or Director — Date