

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000010462

FILED
Feb 07, 2014
Secretary of State

Entity Name: ADULT FAMILY CARE OF COCOA, INC.

Current Principal Place of Business:

1434 PARADISE LANE
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1434 PARADISE LANE
COCOA, FL 32922

New Mailing Address:

FEI Number: 45-3718083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MARVIN
1434 PARADISE LANE
COCOA, FL 32922 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: MARVIN MILLER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MILLER, MARVIN
Address: 1434 PARADISE LANE
City-St-Zip: COCOA, FL 32922

Title: VPD
Name: ROWE, JANICE
Address: 1434 PARADISE LANE
City-St-Zip: COCOA, FL 32922

Title: TD
Name: BROWN, TATIANNA
Address: 1434 PARADISE LANE
City-St-Zip: COCOA, FL 32922

Title: SD
Name: WILLIAMS-MACK, MARTHA
Address: 1434 PARADISE LANE
City-St-Zip: COCOA, FL 32922

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: MARVIN MILLER

PRES

02/07/2014

Electronic Signature of Signing Officer or Director

Date