

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N47609

FILED  
Jun 21, 2012  
Secretary of State

**Entity Name:** SOUTH FLORIDA CASE MANAGEMENT NETWORK, INC.

**Current Principal Place of Business:**

8362 PINES BLVD., #184  
PEMBROKE PINES, FL 33025 US

**New Principal Place of Business:**

9715 W. BROWARD BLVD #242  
PLANTATION, FL 33324 US

**Current Mailing Address:**

8362 PINES BLVD., #184  
PEMBROKE PINES, FL 33025 US

**New Mailing Address:**

9715 W. BROWARD BLVD #242  
PLANTATION, FL 33324 US

**FEI Number:** 65-0325088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIDDLEMAN, ADAM S  
8362 PINES BLVD., #184  
PEMBROKE PINES, FL 33025 US

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

RAY, LEONA S  
4321 NW 7TH ST  
PLANTATION, FL 33317 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: LEONA RAY

06/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MS  
Name: FOLEY, DONNA  
Address: 9715 W. BROWARD BLVD #242  
City-St-Zip: PLANTATION, FL 33324 US

Title: MRS.  
Name: GREENBERG, ELAINE K  
Address: 9715 W. BROWARD BLVD #242  
City-St-Zip: PLANTATION, FL 33324 US

Title: MR.  
Name: MIDDLEMAN, SCOTT  
Address: 9715 W. BROWARD BLVD #242  
City-St-Zip: PLANTATION, FL 33324 US

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: SCOTT MIDDLEMAN

TREA

06/21/2012

Electronic Signature of Signing Officer or Director

Date