2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 29, 2008
Secretary of State

DOCUMENT# N94000004697

Entity Name: PROXY CARE MANAGEMENT, INC.

Current Principal Place of Business:

222 OLIVE TREE CIRCLE
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

4781 N CONGRESS AVENUE
193
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

222 OLIVE TREE CIRCLE
WEST PALM BEACH, FL 33413

New Mailing Address:

9290 VIA CLASSICO E
WELLINGTON, FL 33411

FEI Number: 65-0666561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRISON, SANDRA J
512 S.W. BADGER TERRACE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

HARRISON, SANDRA J
9290 VIA CLASSICO E
WELLINGTON, FL 33411 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: SANDRA J HARRISON 09/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARRISON, SANDRA J
Address: 512 S.W. BADGER TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete
Name: BARBARO, ANTHONY
Address: 222 OLIVE TREE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D ( ) Delete
Name: SMITH, TARA L
Address: 222 OLIVE TREE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HARRISON, SANDRA J
Address: 9290 VIA CLASSICO E
City-St-Zip: WELLINGTON, FL 33411

Title: D (X) Change ( ) Addition
Name: BARBARO, ANTHONY
Address: 10831 CAMINO CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D (X) Change ( ) Addition
Name: BARBARO, TARA L
Address: 10831 CAMINO CIRCLE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDRA J. HARRISON D 09/29/2008
Electronic Signature of Signing Officer or Director Date