

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000005412

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** CRITICAL CARE EDUCATORS, INC.

**Current Principal Place of Business:**

478 N BABCOCK STREET  
MELBOURNE, FL 32935

**New Principal Place of Business:**

1917 OSMAN AVENUE  
ORLANDO, FL 32806

**Current Mailing Address:**

478 N BABCOCK STREET  
MELBOURNE, FL 32935

**New Mailing Address:**

1917 OSMAN AVENUE  
ORLANDO, FL 32806

FEI Number: 59-3276729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SCHEIN, SCOTT A MR.  
478 N BABCOCK ST  
MELBOURNE, FL 32935 US

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

GERARDI, TINA A MRS.  
1917 OSMAN AVENUE  
ORLANDO, FL 32806 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: TINA A. GERARDI

06/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PEARCE, JOSEPH W  
Address: 1917 OSMAN AVENUE  
City-St-Zip: ORLANDO, FL 32806

Title: D  
Name: GERARDI, TINA A MRS.  
Address: 1917 OSMAN AVENUE  
City-St-Zip: ORLANDO, FL 32806

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: TINA A GERARDI

D

06/12/2012

Electronic Signature of Signing Officer or Director

Date