

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000003958

FILED
Oct 27, 2005
Secretary of State

Entity Name: COMMUNITY CARE HEALTH SERVICES, INC.

Current Principal Place of Business:

131 CHESTNUT STREET
CLERMONT, FL 34711

New Principal Place of Business:

236 CHESTNUT STREET
CLERMONT, FL 34711

Current Mailing Address:

131 CHESTNUT STREET
CLERMONT, FL 34711

New Mailing Address:

235 WEST HWY 50
CLERMONT, FL 34711

FEI Number: 59-3530889 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BADARNI, CAROLE J
235 W. HWY 50
CLERMONT, FL 34711 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: CAROLE J. BADARNI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KNESER, BRIAN
Address: 15333 CR 455
City-St-Zip: MONTVERDE, FL 34756

Title: D () Delete
Name: WEAVER, DONALD
Address: 10830 CRESCENT LANE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: HORTON, DENNIS
Address: 900 W HWY 50
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: WAINWRIGHT, TERRI
Address: 518 SUMMERWOOD DR
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: JONES, NICK
Address: 1322 BOWMEN STREET
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: BOYLAN, PAUL
Address: 12304 WARREN RD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: JONES, NICK
Address: 1322 BOWMEN STREET
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change () Addition
Name: SCHRAMM, CHRISTOPHER
Address: 2580 E. HWY 50
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NICK JONES

P

10/27/2005

Electronic Signature of Signing Officer or Director

Date