2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 24, 2011
Secretary of State

DOCUMENT# P00000005417

Entity Name: EXTENDED CARE PHARMACY, INC.

Current Principal Place of Business:

6400 CRILL AVENUE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

6400 CRILL AVENUE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3618931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, BONNIE M
6400 CRILL AVENUE
PALATKA, FL 32177 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: BONNIE M. PHILLIPS
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP
Name: PHILLIPS, M. CASEY
Address: 625 SR 20 WEST
City-St-Zip: HOLLISTER, FL 32147

Title: PST
Name: PHILLIPS, BONNIE M
Address: 625 SR 20 WEST
City-St-Zip: HOLLISTER, FL 32147

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE M. PHILLIPS PRES 01/24/2011
Electronic Signature of Signing Officer or Director Date