

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000095035

FILED
Nov 15, 2006
Secretary of State

Entity Name: INNOVATIVE HEALTH CARE PROPERTIES, INC.

Current Principal Place of Business:

5377 MONCRIEF RD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1721 INDEPENDENCE BLVD.
STE A3
SARASOTA, FL 34234

New Mailing Address:

2009 APALACHEE PARKWAY
SUITE 106
TALLAHASSEE, FL 32301

FEI Number: 52-2384418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARK, ALFRED W
117 S GADSDEN ST, STE 201
TALLAHASSEE, FL 32301 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: ALFRED CLARK

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARVEY, DEWAYNE K
Address: 1721 INDEPENDENCE BLVD., STE A3
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: HARVEY, DONNA
Address: 1721 INDEPENDENCE BLVD., STE A3
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARVEY, DEWAYNE K
Address: 2009 APALACHEE PARKWAY, SUITE 106
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change () Addition
Name: HARVEY, DONNA
Address: 2009 APALACHEE PARKWAY, SUITE 106
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEWAYNE HARVEY

PRES

11/15/2006

Electronic Signature of Signing Officer or Director

Date