# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 DEC 12 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095035

1. Entity Name
INNOVATIVE HEALTH CARE PROPERTIES, INC.

12122007 REIN-P CR2E098 (1/07)

| Principal Place of Business | Mailing Address |
|---|---|
| 5377 MONCRIEF RD<br>JACKSONVILLE, FL 32209 | 2009 APALACHEE PARKWAY<br>SUITE 106<br>TALLAHASSEE, FL 32301 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc | 2333 Hansen Lane<br>Suite 4 |
| City & State | Tallahassee, FL |
| Zip / Country | 32301 / USA |

4. FEI Number 52-2384418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CLARK, ALFRED W<br>117 S GADSDEN ST, STE 201<br>TALLAHASSEE, FL 32301 | Name: DeWayne Harvey<br>Street Address (P.O. Box Number is Not Acceptable): 3246 Hemingway Blvd<br>City: Tallahassee FL Zip Code: 32308 |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: DeWayne Harvey CEO 12/12/07
Signature, Title or Capacity (Required) (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2008, Fee will be $300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>HARVEY, DEWAYNE K<br>2009 APALACHEE PARKWAY, SUITE 106<br>TALLAHASSEE, FL 32301 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition<br>000113218580<br>12/13/07--01022--001 **158.75 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARVEY, DONNA<br>2009 APALAHEE PARKWAY, SUITE 106<br>TALLAHASSEE, FL 32301 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | REINSTATEMENT<br>12-07 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DeWayne Harvey DeWayne Harvey 12/12/07 (850)656-5934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #