

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000095035		
1. Entity Name INNOVATIVE HEALTH CARE PROPERTIES, INC.		

Principal Place of Business 5377 MONCRIEF RD JACKSONVILLE, FL 32209	Mailing Address 2333 HANSEN LANE SUITE 4 TALLAHASSEE, FL 32310
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

09 MAR 12 PM 8:20

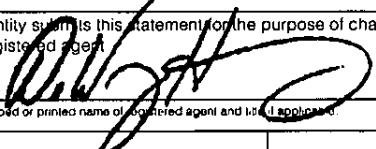
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09

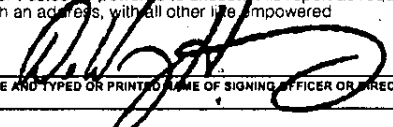
4. FEI Number 52-2384418	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CLARK, ALFRED W 117 S GADSDEN ST, STE 201 TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
Name Dwayne Harvey	
Street Address (P.O. Box Number is Not Acceptable) 2333 Hansen Lane Ste 4	
City Tallahassee	FL Zip Code 32301
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 	DATE 03/12/09
(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$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 HARVEY, DEWAYNE K 2009 APALACHEE PARKWAY, SUITE 106 TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2333 Hansen Lane Suite 4 Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, DONNA 2009 APALACHEE PARKWAY, SUITE 106 TALLAHASSEE, FL 32301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2333 Hansen Lane Suite 4 Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100145725711 03/13/09--01007--001 ***308.75
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 3/13
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:  Dwayne Harvey 03/12/09 (850) 656-5934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #