2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000095035

1. Entity Name
INNOVATIVE HEALTH CARE PROPERTIES, INC.

FILED
09 MAR 12 PM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-09

Principal Place of Business	Mailing Address
5377 MONCRIEF RD JACKSONVILLE, FL 32209	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	Zip / Country

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: DeWayne 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: _____ DeWayne Harvey 03/12/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 APALAHEE 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 3/13/13
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: _____ DeWayne Harvey 03/12/09 (850)656-5934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #