


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000119854	
1. Entity Name BW SENIOR CARE CONSULTING, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 14 AM 9:41

Principal Place of Business 12561 WOODMILL DR PALM BEACH GARDENS, FL 33418	Mailing Address 12561 WOODMILL DR PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02012006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KRAMER, SCOTT 6650 W INDIANTOWN RD, SUITE 200 JUPITER, FL 33458		Name - Glenn - G. Schaefer Street Address (P.O. Box Number is Not Acceptable) 14243 US Highway 1 City Jupiter Beach FL Zip Code 33408	

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 *Glenn G. Schaefer* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$900.00

12/23/05 01040 002 750 00
800062374838

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete WINSLOW, BARBARA 12561 WOODMILL DR PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800062374838 02/20/06--01073--023 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Barbara Winslow*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06 **621**
Date Daytime Phone # **626-5780**