2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 06, 2007
Secretary of State

DOCUMENT# P02000017531

Entity Name: CARE OPTIONS, INC.

Current Principal Place of Business:

106 COMMERCE STREET
#102
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 952736
LAKE MARY, FL 327952736 US

New Mailing Address:

FEI Number: 43-1950998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KENOVICH, JANE F
106 COMMERCE STREET
102
LAKE MARY, FL 32746 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: JANE F. KENOVICH
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: KENOVICH, JANE F PRES
Address: 106 COMMERCE STREET #102
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change ( ) Addition
Name: KENOVICH, JANE F PRES
Address: 106 COMMERCE STREET #102
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information supplied with this filing does not qualify 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: JANE F. KENOVICH CEO 11/06/2007
Electronic Signature of Signing Officer or Director Date