

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000052694

Entity Name: DELCARE, P.A.

FILED
Dec 20, 2011
Secretary of State

Current Principal Place of Business:

7235 REGINA WAY
ORLANDO, FL 32819

New Principal Place of Business:

1400 US HWY 441 N
SUITE 924
THE VILLAGES, FL 32159 US

Current Mailing Address:

P.O. BOX 691884
ORLANDO, FL 32869

New Mailing Address:

1400 US HWY 441 N
SUITE 924
THE VILLAGES, FL 32159 US

FEI Number: 03-0442018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELBAKHS, FARIBORZ M.D.
7235 REGINA WAY
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

DELBAKHS, FARIBORZ M.D.
1400 US HWY 441 N
SUITE 924
THE VILLAGES, FL 32159 US

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: FARIBORZ DELBAKHS, MD

12/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: DELBAKHS, FARIBORZ
Address: 1400 US HWY 441 N STE 924
City-St-Zip: THE VILLAGES, FL 32159 US

Title: CFO
Name: DELBAKHS, MANDY MRS
Address: 1400 US HWY 441 N STE 924
City-St-Zip: THE VILLAGES, FL 32159 US

Title: MGR
Name: NORMAN, DOROTHEA M
Address: 1400 US HWY 441 N STE 924
City-St-Zip: THE VILLAGES, FL 32159 US

I hereby 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 all other like empowered.

SIGNATURE: FARIBORZ DELBAKHS, MD

PRES

12/20/2011

Electronic Signature of Signing Officer or Director

Date