2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000102938

1. Entity Name
PONCE DE LEON LTC RISK RETENTION GROUP, INC.

FILED
05 NOV -2 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
506 SARASOTA QUAY SARASOTA, FL 34236	506 SARASOTA QUAY SARASOTA, FL 34236

10262005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
475 West Town Place	c/o Curtis Sitterson 150 West Flagler St.
Suite, Apt. #, etc. Attn: John Rogan	Suite, Apt. #, etc. Museum Tower, Suite 2200
City & State St. Augustine, Florida	City & State Miami, FL
Zip / Country 32092	Zip / Country 33130

4. FEI Number
02-0650614
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRISP, GAIL 315 S CALHOUN ST, STE 300 TALLAHASSEE, FL 32301	Name: Curtis H. Sitterson Street Address (P.O. Box Number is Not Acceptable): 150 West Flagler Street Museum Tower, Suite 2200 City: Miami FL Zip Code: 33130

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: Curtis H. Sitterson 10/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $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	P JOHNSON, RAYMOND M 1000 VICARS LANDING WAY PONTE VEDRA BCH, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P&D Johnson, Raymond 1000 Vicars Landing Way Ponte Vedra Beach, FL 32084 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GLAVICH, JAMIE L 9664 HOOD ROAD JACKSONVILLE, FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAW, LARRY D SR RT 3 BOX 26 MAYO, FL 32066	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400061114434 11/02/05--01031--003 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV TAYLOR, ED 1601 PINE LAKE DR VENICE, FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 11/2
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLUCKSMAN, JOSEPH 534 DATURA ST W PALM BCH, FL 33401	☐ 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Raymond M Johnson 10-27-05 904-273-1701
SIGNATURE, NAME & CAPACITY OF AUTHORIZED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #