

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000113888

FILED
Jan 03, 2011
Secretary of State

Entity Name: OKALOOSA MENTAL HEALTH AND PSYCHIATRIC CENTER, INC.

Current Principal Place of Business:

4100 S. FERDON BLVD., STE. A1
P. O. BOX 939
CRESTVIEW, FL 32536 US

New Principal Place of Business:

SOUTH PALAFOX
P. O. BOX 12306
PENSACOLA, FL 32591 US

Current Mailing Address:

PO BOX 939
CRESTVIEW, FL 32539 US

New Mailing Address:

SOUTH PALAFOX
P. O. BOX 12306
PENSACOLA, FL 32591 US

FEI Number: 58-2678372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMS, LUCKY B ADM
4100 S. FERDON BLVD., STE. A1
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

SHAMS, K
201 S. JEFFERSON
UNIT C
PENSACOLA, FL 32502 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: K. SHAMS

01/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHAMS, K.
Address: P. O. BOX 12306
City-St-Zip: PENSACOLA, FL 32591 US

Title: T
Name: SHAMS, K
Address: P. O. BOX 12306
City-St-Zip: PENSACOLA, FL 32591 US

Title: S
Name: SHAMS, K
Address: P. O. BOX 12306
City-St-Zip: PENSACOLA, FL 32591 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: K SHAMS

P

01/03/2011

Electronic Signature of Signing Officer or Director

Date