2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 16, 2008
Secretary of State

DOCUMENT# P04000021513

Entity Name: COMMUNITY CARE PARTNERS INC.

Current Principal Place of Business:

179 CAMERON CT.
WESTON, FL 33326

New Principal Place of Business:

10645 NW 69TH PLACE
PARKLAND, FL 33076

Current Mailing Address:

179 CAMERON CT.
WESTON, FL 33326

New Mailing Address:

10645 NW 69TH PLACE
PARKLAND, FL 33076

FEI Number: 27-0078296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLICKER, STACEY
179 CAMERON CT.
WESTON, FL 33326 US

Name and Address of New Registered Agent:

BLICKER, STACEY
10645 NW 69TH PLACE
PARKLAND, FL 33076 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: STACEY BLICKER 03/16/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BLICKER, STACEY
Address: 179 CAMERON CT.
City-St-Zip: WESTON, FL 33326

Title: CEO ( ) Delete
Name: BLICKER, ERIC L
Address: 179 CAMERON CT.
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: BLICKER, STACEY
Address: 10645 NW 69TH PLACE
City-St-Zip: PARKLAND, FL 33076

Title: CEO (X) Change ( ) Addition
Name: BLICKER, ERIC L
Address: 10645 NW 69TH PLACE
City-St-Zip: PARKLAND, FL 33076

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: STACEY BLICKER P/D 03/16/2008
Electronic Signature of Signing Officer or Director Date