

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000045809

FILED
Mar 26, 2006
Secretary of State

Entity Name: MERLES HEALTH CARE CENTER, INC.

Current Principal Place of Business:

4320 KING EDWARD DRIVE
ORLANDO, FL 32826

New Principal Place of Business:

4316 TOLKIEN STREET
ORLANDO, FL 32828

Current Mailing Address:

4320 KING EDWARD DRIVE
ORLANDO, FL 32826

New Mailing Address:

4316 TOLKIEN STREET
ORLANDO, FL 32828

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOMPOINT, LESLY
4320 KING EDWARD DRIVE
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

MOMPOINT, LESLY
4316 TOLKIEN STREET
ORLANDO, FL 32828 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: LESLY MOMPOINT

03/26/2006

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: P () Delete
Name: MOMPOINT, LESLY
Address: 4320 KING EDWARD DRIVE
City-St-Zip: ORLANDO, FL 32826

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOMPOINT, MERLANDE
Address: 4316 TOLKIEN STREET
City-St-Zip: ORLANDO, FL 32828

Title: T () Change (X) Addition
Name: REVEIL, PIERRE R
Address: 11110 JOEL COURT
City-St-Zip: ORLANDO, FL 32825

Title: D () Change (X) Addition
Name: REVEIL, MARIE M
Address: 11110 JOEL COURT
City-St-Zip: ORLANDO, FL 32825

Title: V () Change (X) Addition
Name: AKINNRANYE, JULIET A
Address: 2712 OLD RED PINE WAY
City-St-Zip: ORLANDO, FL 32825

Title: V () Change (X) Addition
Name: AKINNRANYE, JOHNSON A
Address: 2712 OLD RED PINE WAY
City-St-Zip: ORLANDO, FL 32825

Title: P () Change (X) Addition
Name: MOMPOINT, LESLY
Address: 4316 TOLKIEN STREET
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLY MOMPOINT

P

03/26/2006

Electronic Signature of Signing Officer or Director

Date