## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000113934

Entity Name: FAMILY CARE SERVICES OF N. FL, INC.

FILED Mar 29, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
251 EAST HARRISON STREET TALLAHASSEE, FL 32301	2531 SOUTH ADAMS STREET TALLAHASSEE, FL 32301
Current Mailing Address:	New Mailing Address:
251 EAST HARRISON STREET TALLAHASSEE, FL 32301	POST OFFICE BOX 6779 TALLAHASSEE, FL 32314
FEI Number: 37-1493927 FEI Number Applied For ( ) FEI Number	nber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
GARNER, JOY 251 EAST HARRISON STREET TALLAHASSEE, FL 32301 US	GARNER, JOY 2531 SOUTH ADAMS STREET TALLAHASSEE, FL 32301 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: JOY GARNER	03/29/2006
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 ( ).	
AFFICEDS AND DIDECTADS:	ADDITIONS/CHANGES TO DESICEDS AND DIDECTORS.

Title:

## OFFICERS AND DIRECTORS:

( ) Delete

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

GARNER, JOY Name: Name: 342 SKATE DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: () Delete Title: () Change () Addition GARNER, JOYCE Name: Name: Address: 342 SKATE DRIVE Address: TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip: Title: Title: () Delete ST (X) Change ( ) Addition Name: PIGFORD, LEAH N Name: HAYES, KEITH Address: 702 WEST JULIA STREET Address: POST OFFICE BOX 90901 City-St-Zip: TALLAHASSEE, FL 32347 City-St-Zip: EAST POINT, GA 30634

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: JOY GARNER P 03/29/2006