

# 2005 FOR PROFIT CORPORATION

APPROVED  
AND  
FILED

1/2

DOCUMENT # P04000148631

1. Entity Name  
LIBERTY CARE AGENCY, INC.

05 DEC -5 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/4/05 90209001/15200

Principal Place of Business  
12261 152ND STREET NORTH  
JUPITER, FL 33478

Mailing Address  
12261 152ND STREET NORTH  
JUPITER, FL 33478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12012005

REIN-P

CR2E098 (6/04)

4. FEI Number

20-3865498

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

RITCHIE-GRIGGS, MARCIA  
12261 152ND STREET NORTH  
JUPITER, FL 33478

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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  
RITCHIE-GRIGGS, MARCIA  
12261 152ND STREET NORTH  
JUPITER, FL 33478 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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:

*Marcia Griggs* President

12/1/05

(861)543-0075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eokal DEC 05 2005

2/2

12261 152<sup>ND</sup> Street North  
Jupiter, FL 33478  
(561) 543-0075

December 1, 2005

To Whom It May Concern:

I have attached a completed reinstated form for Liberty Care Agency, Inc. I contacted your office November 30<sup>th</sup> and was told to complete this form and attach a letter for explanation.

I was informed by an agent at your office that you did receive my annual report along with the amount of \$150.00 that was required in March 2005. She sated that a form was mailed to me that required a FEI number, however I never received the form. On this reinstated form I have included the required FEI number. I feel that I should not be required to pay a reinstated fee, as I never received the form that you required.

Thank you

Sincerely,

  
Marcia Ritchie-Griggs