2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2005
Secretary of State

DOCUMENT# P04000163637

Entity Name: LOVING CARE REHABILITATION CENTER, INC.

Current Principal Place of Business:

1115 DELAWARE AVENUE
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1115 DELAWARE AVENUE
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 84-1666412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALENTINE, ESTIN
2621 SILVER HILLS DRIVE #4
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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: VALENTINE ESTIN

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: PD ( ) Delete
Name: VALENTINE, ESTIN
Address: 2621 SILVER HILLS DRIVE #4
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VALENTINE ESTIN PD 10/17/2005

Electronic Signature of Signing Officer or Director — Date