2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -1 AM 11:11

DOCUMENT # P04000171911

1. Entity Name
QUINCY CARE II, P.A.

REINSTATEMENT 06

Principal Place of Business	Mailing Address
~~107~~ E JEFFERSON STREET QUINCY, FL 32351	~~107~~ E JEFFERSON STREET QUINCY, FL 32351

10092006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
300 E Jefferson St.	300 E Jefferson St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Quincy	City & State: Quincy Fl.
Zip: 32351 Country: Gadsden	Zip: 32351 Country: Gadsden

4. FEI Number: 87-0737216 ☐ 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
BIANCO, LINDA ~~107~~ E JEFFERSON STREET (300) QUINCY, FL 32351	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: Linda Bianco Linda Bianco 10-09-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	CEO BIANCO, LINDA ~~107~~ 300 E JEFFERSON STREET QUINCY, FL 32351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300008142322FR3 11/01/06--01041--009 **750.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Linda Bianco Linda Bianco 10.09.06 850.627.9261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #