2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# P05000049734

Entity Name: CARE FACILITY SERVICES, INC.

Current Principal Place of Business:

3818 W. STATE STREET
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

PO BOX 340337
TAMPA, FL 33694

New Mailing Address:

FEI Number: 20-2618900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWAN, CHARLES G
3818 W. STATE STREET
TAMPA, FL 33609 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: CHARLES G SWAN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: SWAN, CHARLES G
Address: 3818 W. STATE STREET
City-St-Zip: TAMPA, FL 33609

I hereby 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 all other like empowered.

SIGNATURE: CHARLES G SWAN PRES 02/07/2012

Electronic Signature of Signing Officer or Director — Date