

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000097575

Entity Name: PELICAN HEALTHCARE INC

FILED  
Oct 11, 2006  
Secretary of State

## Current Principal Place of Business:

4121 NW 5TH ST - # 101  
PLANTATION, FL 33317

## New Principal Place of Business:

## Current Mailing Address:

4121 NW 5TH ST - # 101  
PLANTATION, FL 33317

## New Mailing Address:

FEI Number: 27-0122923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYES, LETHA  
3239 NW 44TH ST  
# 3  
FT LAUDERDALE, FL 33309 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: LETHA HAYNES

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: P ( ) Delete  
Name: HAYES, LETHA  
Address: 3239 NW 44TH ST - # 3  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VP ( ) Delete  
Name: HAYNES, RONALD  
Address: 4706 ROLLING OAKS DR  
City-St-Zip: ORLANDO, FL 32818

Title: S ( ) Delete  
Name: HAYNES, RICHARD  
Address: 4706 ROLLING OAKS DR  
City-St-Zip: ORLANDO, FL 32818

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: LETHA HAYNES

Electronic Signature of Signing Officer or Director

OWNE

10/11/2006

Date