

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000115930

FILED  
May 07, 2007  
Secretary of State

Entity Name: SARASOTA TOTAL CARE, INC.

## Current Principal Place of Business:

4337 TRAILS DRIVE  
SARASOTA, FL 34232 US

## New Principal Place of Business:

2049 CORNELL ST  
SARASOTA, FL 34237 US

## Current Mailing Address:

4337 TRAILS DRIVE  
SARASOTA, FL 34232 US

## New Mailing Address:

2049 CORNELL ST  
SARASOTA, FL 34237 US

FEI Number: 20-3370233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

QUINN, GLENN D  
4337 TRAILS DRIVE  
SARASOTA, FL 34232 US

## Name and Address of New Registered Agent:

QUINN, GLENN D  
2049 CORNELL ST  
SARASOTA, FL 34237 US

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: GLENN D. QUINN

05/07/2007

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: QUINN, GLENN D  
Address: 4337 TRAILS DRIVE  
City-St-Zip: SARASOTA, FL 34232 US

Title: VP ( ) Delete  
Name: PERKINS, SANDRA L  
Address: 4337 TRAILS DRIVE  
City-St-Zip: SARASOTA, FL 34232 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: QUINN, GLENN D  
Address: 2049 CORNELL ST  
City-St-Zip: SARASOTA, FL 34237 US

Title: VP (X) Change ( ) Addition  
Name: PERKINS, SANDRA L  
Address: 2049 CORNELL ST  
City-St-Zip: SARASOTA, FL 34237 US

I hereby certify that the information supplied with this filing does not qualify 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: GLENN D. QUINN

P

05/07/2007

Electronic Signature of Signing Officer or Director

Date