

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000131436

FILED
Oct 04, 2011
Secretary of State

Entity Name: FULL CIRCLE COMPLETE CARE FACILITY, INC.

Current Principal Place of Business:

509 SE PALM BEACH ROAD
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

509 SE PALM BEACH ROAD
STUART, FL 34994

New Mailing Address:

FEI Number: 20-3520703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BYRD, WENDY K
1798 SE LORRAINE STREET
PORT ST. LUCIE, FL 34952 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: WENDY K. BYRD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BYRD, WENDY K
Address: 1798 SE LORRAINE STREET
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP
Name: BYRD, WENDY K
Address: 1798 SE LORRAINE STREET
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SEC
Name: BYRD, WENDY K
Address: 1798 SE LORRAINE STREET
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: TRES
Name: BYRD, WENDY K
Address: 1798 SE LORRAINE STREET
City-St-Zip: PORT ST. LUCIE, FL 34952

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: WENDY K BYRD

Electronic Signature of Signing Officer or Director

PRES

10/04/2011

Date