

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000153512</b> 1. Entity Name <b>COMPASSIONATE CARE SERVICES, INC.</b>			<b>FILED</b> <b>08 JAN 17 PM 3:54</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>
Principal Place of Business <b>200 2ND AVE SOUTH</b> <b>#108</b> <b>ST PETERSBURG, FL 33701</b>		Mailing Address <b>200 2ND AVE SOUTH</b> <b>#108</b> <b>ST PETERSBURG, FL 33701</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>20-3843904</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAPHART, PATRICIA A</b> <b>200 2ND AVE SOUTH</b> <b>#108</b> <b>ST PETERSBURG, FL 33701</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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 <b>PATRICIA A. CAPHART</b>		<i>[Signature]</i> <b>1/10/08</b> <small>(NOTE: Registered Agent signature required upon recording)</small>	
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>CEO</b>	NAME <b>PATRICIA, PATRICIA A</b>	TITLE <b>CEO</b>	NAME <b>PATRICIA A. CAPHART</b>
STREET ADDRESS <b>200 2ND AVENUE SOUTH #108</b>	CITY-ST-ZIP <b>ST.PETERSBURG, FL 33701</b>	STREET ADDRESS <b>200 2ND AVENUE SOUTH #108</b>	CITY-ST-ZIP <b>ST. Petersburg, FL 33701</b>
TITLE <b>Secretary</b>	NAME <b>GARY</b>	TITLE <b>Secretary</b>	NAME <b>GARY GRAY</b>
STREET ADDRESS <b>200 2ND AVENUE SOUTH #108</b>	CITY-ST-ZIP <b>ST. PETERSBURG, FL 33701</b>	STREET ADDRESS <b>200 2ND AVENUE SOUTH #108</b>	CITY-ST-ZIP <b>ST. PETERSBURG, FL 33701</b>
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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 reports is true and accurate and 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: <i>[Signature]</i>		<b>1/10/08</b> * <b>727-639-2694</b>	