

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000015990

**FILED**  
**Sep 28, 2011**  
**Secretary of State**

**Entity Name:** GOLDEN YEARS SENIOR CARE, INC

**Current Principal Place of Business:**

7440 S. FEDERAL HIGHWAY  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

7440 S. FEDERAL HIGHWAY  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 20-4299341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOGHIREN, STANLEY E  
1226 SW EMERALD AVE  
PORT ST LUCIE, FL 34953 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:** STANLEY E WOGHIREN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** WOGHIREN, STANLEY E  
**Address:** 1226 SW EMERALD AVE  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** VS  
**Name:** WOGHIREN, BRENDA A  
**Address:** 1226 SW EMERALD AVE  
**City-St-Zip:** PORT ST LUCIE, FL 34953

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:** STANLEY E WOGHIREN

MR

09/28/2011

Electronic Signature of Signing Officer or Director

Date