2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2009
Secretary of State

DOCUMENT# P06000145165

Entity Name: REALITY CARE GROUP, INC

Current Principal Place of Business:

530 TAMIAMI BLVD.
MIAMI, FL 33144

New Principal Place of Business:

530 TAMIAMI BLVD
MIAMI, FL 33144

Current Mailing Address:

530 TAMIAMI BLVD.
MIAMI, FL 33144

New Mailing Address:

530 TAMIAMI BLVD
MIAMI, FL 33144

FEI Number: 20-5908146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, DULCE
530 TAMIAMI BLVD
MIA MI, FL 33144 US

Name and Address of New Registered Agent:

ESCALONA, DULCE
530 TAMIAMI BLVD
MIAMI, FL 33144 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: DULCE ESCALONA 10/06/2009
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: MORALES, DULCE
Address: 530 TAMIAMI BLVD
City-St-Zip: MIAMI, FL 33144

Title: VP ( ) Delete
Name: ESCALONA, ALFREDO
Address: 530 TAMIAMI BLVD.
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ESCALONA, DULCE
Address: 530 TAMIAMI BLVD
City-St-Zip: MIAMI, FL 33144

Title: VP (X) Change ( ) Addition
Name: ESCALONA, ALFREDO
Address: 530 TAMIAMI BLVD
City-St-Zip: MIAMI, FL 33144

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: DULCE ESCALONA P 10/06/2009
Electronic Signature of Signing Officer or Director Date