

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000148720

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

**Entity Name:** PROFESSIONAL CARE FACILITY ALF INC

**Current Principal Place of Business:**

5515 SW 8TH STREET  
MARGATE, FL 33068

**New Principal Place of Business:**

5515 SW 8TH STREET  
MARGATE, FL 33068 US

**Current Mailing Address:**

5515 SW 8TH STREET  
MARGATE, FL 33068

**New Mailing Address:**

5515 SW 8TH STREET  
MARGATE, FL 33068 US

**FEI Number:** 20-5499917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOHNSON, NADINE  
4851 NW 103RD DRIVE  
CORAL SPRINGS, FL 33076 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: NADINE JOHNSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: JOHNSON, NADINE  
Address: 5515 SW 8TH STREET  
City-St-Zip: MARGATE, FL 33068 US

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: NADINE JOHNSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P/D

02/28/2011

\_\_\_\_\_  
Date