2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000027323

Entity Name: AWARE CARE, INC.

FILED Oct 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5111 SE LOST LAKE WAY HOBE SOUND, FL 33455 **Current Mailing Address: New Mailing Address:** 5111 SE LOST LAKE WAY HOBE SOUND, FL 33455 FEI Number: 20-8571638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAPLAN, JEFFERY E 5111 SE LOST LAKE WAY HOBE SOUND, FL 33455 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: TIMOTHY KIMES Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition KAPLAN, JEFFERY E Name: Name: 5111 SE LOST LAKE WAY Address: Address: City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: KIMES, TIMOTHY Name: 2 RIVERVIEW DRIVE Address: Address: STUART, FL 34996 City-St-Zip: City-St-Zip:

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: TIMOTHY KIMES VP 10/30/2008