

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000048396

FILED
Nov 06, 2008
Secretary of State

Entity Name: BETHESDA LOVING CARE CENTER, INC

Current Principal Place of Business:

7523 KIMBERLY BLVD
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

7523 KIMBERLY BLVD
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 20-8969798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIPPI, WILLEM
7523 KIMBERLY BLVD
NORTH LAUDERDALE, FL 33068 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: WILLEM PHILIPPI

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: D () Delete
Name: PHILIPPI, WILLEM
Address: 7523 KIMBERLY BLVD
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: PHILIPPI, JESULIA
Address: 7523 KIMBERLY BLVD
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: ALBERT, CHARLES
Address: 7201 SW 3RD CT
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: CHARLES, DELICIA JEUDY
Address: 7201 SW 3RD COURT
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PHILIPPI, WILLEM
Address: 7523 KIMBERLY BLVD
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: WILLEM PHILIPPI

D

11/06/2008

Electronic Signature of Signing Officer or Director

Date