# 2009 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Jun 11, 2009**
**Secretary of State**

DOCUMENT# P07000095290

**Entity Name:** PARSONS CIRCLE COMMUNITY OUTREACH & REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

322 S. CHURCH ST.
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

322 S. CHURCH ST.
BUSHNELL, FL 33513

**New Mailing Address:**

**FEI Number: 26-1138559** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MILLIGAN, MILDRED
322 S. CHURCH ST.
BUSHNELL, FL 33513 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: MILDRED MILLIGAN

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: MILLIGAN, MILDRED
Address: 322 S. CHURCH ST.
City-St-Zip: BUSHNELL, FL 33513

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
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: MILDRED MILLIGAN D 06/11/2009

Electronic Signature of Signing Officer or Director Date