

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000038290

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** GENTLER CARE NURSING SERVICES, INC.

**Current Principal Place of Business:**

1000 W. MCNAB RD.  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

1000 W. MCNAB RD.  
302  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

1000 W. MCNAB RD.  
POMPANO BEACH, FL 33069

**New Mailing Address:**

1000 W. MCNAB RD.  
302  
POMPANO BEACH, FL 33069

**FEI Number:** 74-3257496

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOBBAN, NORMAN A  
4448 INVERRARY BLVD  
LAUDERHILL, FL 33319 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:** NORMAN LOBBAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D/P  
**Name:** SHIELDS, JANET  
**Address:** 149 NW 79TH TERRACE  
**City-St-Zip:** MARGATE, FL 33063

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:** JANET SHIELDS

PRES

01/13/2012

Electronic Signature of Signing Officer or Director

Date