

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000059791

Entity Name: FL CARE CONSULTING INC

FILED
Nov 10, 2009
Secretary of State

Current Principal Place of Business:

2528 CARTER DRIVE
KISSIMMEE, FL 34741

New Principal Place of Business:

51 OLD MT DORA ROAD
EUSTIS, FL 32726

Current Mailing Address:

2528 CARTER DRIVE
KISSIMMEE, FL 34741

New Mailing Address:

51 OLD MT DORA ROAD
EUSTIS, FL 32726

FEI Number: 61-1606715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ORELLANA, BRENDA M
2528 CARTER DRIVE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

GLAZE, RON
51 OLD MT DORA ROAD
EUSTIS, FL 32726 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: RON GLAZE

11/10/2009

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: P () Delete
Name: ORELLANA, BRENDA M
Address: 2528 CARTER DRIVE
City-St-Zip: KISSIMMEE, FL 34741

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GLAZE, RON
Address: 51 OLD MT DORA ROAD
City-St-Zip: EUSTIS, FL 32726

Title: D () Change (X) Addition
Name: MIKELL, RANDALL E
Address: 51 OLD MT DORA ROAD
City-St-Zip: EUSTIS, FL 32726

Title: D () Change (X) Addition
Name: KULTURIDES, LOUIS
Address: 51 OLD MT DORA ROAD
City-St-Zip: EUSTIS, FL 32726

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: RON GLAZE

D

11/10/2009

Electronic Signature of Signing Officer or Director

Date