

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000006787

**FILED**  
**Oct 20, 2010**  
**Secretary of State**

**Entity Name:** CONNER CARE SERVICES INC.

**Current Principal Place of Business:**

12451 SHARK RD. W.  
JACKSONVILLE, FL 32226 US

**New Principal Place of Business:**

**Current Mailing Address:**

12451 SHARK RD. W.  
JACKSONVILLE, FL 32226 US

**New Mailing Address:**

**FEI Number:** 26-4140249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNER, JOSEPH C  
12451 SHARK RD. W.  
JACKSONVILLE, FL 32226 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:** JOSEPH C CONNER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P, D  
**Name:** CONNER, JOSEPH C  
**Address:** 12451 SHARK RD. W.  
**City-St-Zip:** JACKSONVILLE, FL 32226 US

**Title:** S  
**Name:** CONNER, JOSEPH C  
**Address:** 12451 SHARK RD. W.  
**City-St-Zip:** JACKSONVILLE, FL 32226 US

**Title:** T  
**Name:** CONNER, JOSEPH C  
**Address:** 12451 SHARK RD. W.  
**City-St-Zip:** JACKSONVILLE, FL 32226 US

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:** JOSEPH C CONNER

PRES

10/20/2010

Electronic Signature of Signing Officer or Director

Date