## 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000048034

Entity Name: AFTERHOURS HEALTHCARE INC

FILED Mar 30, 2011 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

101 S STATE ST 4721 E MOODY BLVD, SUITE 204 BUNNELL, FL 32110

BUNNELL, FL 32110

**New Mailing Address: Current Mailing Address:** 

3760 PEAR AVE 4721 E MOODY BLVD, SUITE 204 BUNNELL, FL 32110

BUNNELL, FL 32110

FEI Number: 27-0295207 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LOGUIDICE, JOSEPH HALL, JOELLA 3760 PEAR AVENUE 1515 RIDGÉWOOD AVE BUNNELL, FL 32110 US

HOLLY HILL, FL 32117 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: JOELLA HALL 03/30/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PSTD

Name: HALL, JOELLA 3760 PEAR AVE Address: City-St-Zip: BUNNELL, FL 32110

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: JOELLA HALL **PRES** 03/30/2011