

# 2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000033918

**FILED**  
**Oct 10, 2012**  
**Secretary of State**

**Entity Name:** ROADCARE PLUS CORPORATION

**Current Principal Place of Business:**

1000 WEST MCNAB ROAD  
239  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1000 WEST MCNAB ROAD  
239  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 27-2379699      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FLEMING, DAVID  
1000 WEST MCNAB ROAD  
239  
POMPANO BEACH, FL 33069 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: DAVID FLEMING

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** FLEMING, DAVID  
**Address:** 1000 WEST MCNAB ROAD SUITE 239  
**City-St-Zip:** POMPANO BEACH, FL 33069

**Title:** EVP  
**Name:** KUDARY, CHUCK  
**Address:** 1111 BRIDGEMILL AVE  
**City-St-Zip:** CANTON, GA 30114

**Title:** SEC  
**Name:** TAYLOR, SHIRLEY  
**Address:** 310 CYPRESS AVE  
**City-St-Zip:** PAHOKEE, FL 33476

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: DAVID FLEMING

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CEO

10/10/2012

\_\_\_\_\_  
Date