

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000066490

**FILED**  
**Sep 29, 2014**  
**Secretary of State**

**Entity Name:** SERENITY CARE SERVICES, INC

**Current Principal Place of Business:**

3403 MENENDEZ AVE  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

3403 MENENDEZ AVE  
FORT PIERCE, FL 34947

**New Mailing Address:**

**FEI Number:** 45-2393013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMMONS, TONYA  
3403 MENENDEZ AVE  
FORT PIERCE, FL 34947 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:** TONYA SIMMONS

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** DARVILLE, SUZANNE  
**Address:** 3403 MENENDEZ AVE  
**City-St-Zip:** FORT PIERCE, FL 34947

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:** TONYA SIMMONS

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

MRS.

09/29/2014

\_\_\_\_\_  
Date