

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P21504

FILED
Apr 12, 2006
Secretary of State

Entity Name: FLORIDA PREFERRED CARE DEVELOPMENTAL CENTERS I, INC.

Current Principal Place of Business:

5212 VILLAGE CREEK DR
PLANO, TX 75093

New Principal Place of Business:

Current Mailing Address:

5212 VILLAGE CREEK DR
SUITE 345, LB 15
PLANO, TX 75093

New Mailing Address:

5212 VILLAGE CREEK DR
PLANO, TX 75093

FEI Number: 75-2256721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: MARIA OZAETA

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: PCDT () Delete
Name: SCOTT, THOMAS D
Address: 5212 VILLAGE CREEK DR
City-St-Zip: PLANO, TX 75093

Title: S (X) Delete
Name: PROVENCE, MINDY
Address: 5212 VILLAGE CREEK DR
City-St-Zip: PLANO, TX 75093

Title: VP (X) Delete
Name: ANDERSON, GARY
Address: 5212 VILLAGE CREEK DR
City-St-Zip: PLANO, TX 75093

Title: T (X) Delete
Name: LUNCEFORD, GENA
Address: 5212 VILLAGE CREEK DR
City-St-Zip: PLANO, TX 75093

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS D. SCOTT

PRES

04/12/2006

Electronic Signature of Signing Officer or Director

Date