

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000064304

FILED
Jan 03, 2005
Secretary of State

Entity Name: CAP CARE OF FLORIDA, INC.

Current Principal Place of Business:

8700 OAK SPRINGLANE
COLFAX, NC 27235 US

New Principal Place of Business:

8700 OAK SPRING LANE
COLFAX, NC 27235 US

Current Mailing Address:

P O BOX 5967
HIGH POINT, NC 27262 US

New Mailing Address:

FEI Number: 65-0609196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOARDMAN, THOMAS K
1400 15TH ST N, SUITE 201
IMMOKALEE, FL 33934 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: THOMAS K. BOARDMAN

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PARKER, RONNEL S JR
Address: 8700 OAK SPRING LANE
City-St-Zip: COLFAX, NC 27235

Title: D () Delete
Name: PHILLIS P. WEBB,
Address: 8700 OAK SPRING LANE
City-St-Zip: COLFAX, NC 27235

Title: VD () Delete
Name: CLYDE A. PARKER, JR.
Address: 8700 OAK SPRING LANE
City-St-Zip: COLFAX, NC 27235

Title: D () Delete
Name: DAPIN, TAMMY P
Address: 8700 OAK SPRING LANE
City-St-Zip: COLFAX, NC 27235

Title: SD (X) Delete
Name: PARKER, RONNEL S
Address: 8700 OAK SPRING LANE
City-St-Zip: COLFAX, NC 27235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WEBB, PHYLLIS P
Address: 8700 OAK SPRING LANE
City-St-Zip: COLFAX, NC 27235

Title: VSD (X) Change () Addition
Name: PARKER, CLYDE A JR
Address: 8700 OAK SPRING LANE
City-St-Zip: COLFAX, NC 27235

Title: PD (X) Change () Addition
Name: PARKER, RONNEL S
Address: 8700 OAK SPRING LANE
City-St-Zip: COLFAX, NC 27235

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 Section 119.07(3)(i), 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: CLYDE A. PARKER, JR.

V

01/03/2005

Electronic Signature of Signing Officer or Director

Date