

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000022861

FILED
Dec 23, 2008
Secretary of State

Entity Name: LOVE N CARE HEALTH CLINIC, INC.

Current Principal Place of Business:

1493 TAMPA PARK PLAZA
TAMPA, FL 33605

New Principal Place of Business:

2727 WEST DR. MARTIN LUTHER KING JR BLVD
SUITE 220
TAMPA, FL 33607 US

Current Mailing Address:

1493 TAMPA PARK PLAZA
TAMPA, FL 33605

New Mailing Address:

2727 WEST DR. MARTIN LUTHER KING JR BLVD
SUITE 220
TAMPA, FL 33607 US

FEI Number: 59-3501960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OYEKOYA, REGINA M
1493 TAMPA PARK PLAZA
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

OYEKOYA, REGINA M
2727 WEST DR. MARTIN LUTHER KING JR. BLVD.
SUITE 220
TAMPA, FL 33607 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: REGINA M OYEKOYA

12/23/2008

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: PD () Delete
Name: OYEKOYA, REGINA M
Address: 1493 TAMPA PARK PLAZA
City-St-Zip: TAMPA, FL 33605

Title: VSTD (X) Delete
Name: OYEKOYA, OLUSANYA
Address: 1493 TAMPA PARK PLAZA
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OYEKOYA, REGINA M
Address: 2727 W DR. MLK JR. BLVD. SUITE 220
City-St-Zip: TAMPA, FL 33607 US

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

I hereby certify that the information supplied with this filing does not qualify 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: REGINA M OYEKOYA

MS.

12/23/2008

Electronic Signature of Signing Officer or Director

Date