

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000036649

Entity Name: ARDENT FAMILY CARE, P.A.

FILED
Jun 03, 2008
Secretary of State

Current Principal Place of Business:

108 FLAGLER PLAZA DRIVE
PALM COAST, FL 321375967

New Principal Place of Business:

84 PINNACLES DRIVE
SUITE 200 BUILDING A
PALM COAST, FL 32164 US

Current Mailing Address:

120 BRAEBURN CIRCLE
DAYTONA BEACH, FL 321147137

New Mailing Address:

84 PINNACLES DRIVE
SUITE 200 BUILDING A
PALM COAST, FL 32164 US

FEI Number: 59-3506266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTOSIK, HENRY R
120 BRAEBURN CIRCLE
DAYTONA BEACH, FL 321147137 US

Name and Address of New Registered Agent:

DON, ALFONSO
84 PINNACLES DRIVE
SUITE 200 BUILDING A
PALM COAST, FL 32164 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: DON ALFONSO

06/03/2008

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: S, D () Delete
Name: ALFONSO, DON J
Address: 108 FLAGLER PLAZA DRIVE
City-St-Zip: PALM COAST, FL 321375967

Title: P, D () Delete
Name: ALFONSO, RENATO A
Address: 108 FLAGLER PLAZA DRIVE
City-St-Zip: PALM COAST, FL 321375967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S, D (X) Change () Addition
Name: ALFONSO, DON J
Address: 84 PINNACLES DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: P, D (X) Change () Addition
Name: ALFONSO, RENATO A
Address: 84 PINNACLES DRIVE
City-St-Zip: PALM COAST, FL 321375967

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: DON ALFONSO

SD

06/03/2008

Electronic Signature of Signing Officer or Director

Date