

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V27833

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** PILOT HEALTHCARE, INC.

**Current Principal Place of Business:**

3501 HEALTH CENTER BLVD  
2180  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 1209  
ESTERO, FL 33928

**New Mailing Address:**

BOX 1209  
ESTERO, FL 33998

**FEI Number:** 65-0359656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPITAL CONNECTION, INC.  
417 E VIRGINIA ST  
SUITE 1  
TALLAHASSEE, FL 32301 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: CAPITAL CONNECTION

\_\_\_\_\_  
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: MD ( ) Delete  
Name: BRIDEWELL, BRUCE M  
Address: 3501 HEALTH CENTER BLVD #2180  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BRUCE BRIDEWELL

MD

10/14/2009

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

\_\_\_\_\_  
Date