

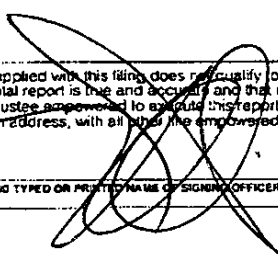
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # P01000000858			
1. Entity Name W & M CARE SERVICES, INC.			
Principal Place of Business 14171 SW 139 CT MIAMI, FL 33186		Mailing Address 14171 SW 139 CT MIAMI, FL 33186	
2. Principal Place of Business Suits, Apt. #, etc.		3. Mailing Address Suits, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 65-1064554		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL ROSARIO, MAGALY 14171 S.W. 139 COURT MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP PD DEL ROSARIO, MAGALY 14108 S.W. 164TH TERRACE MIAMI, FL 33177		TITLE NAME STREET ADDRESS CITY- ST- ZIP 200059902372 09/23/05--01052--018 **150.00	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		9/26	
SIGNATURE: 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	