

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000096558

**FILED**  
**Nov 12, 2008**  
**Secretary of State**

**Entity Name:** D & V HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

4101 NW 97 AVE  
SUITE 301-G  
DORAL, FL 33178

**New Principal Place of Business:**

4001 NW 97 AVE  
SUITE 301-G  
DORAL, FL 33178

**Current Mailing Address:**

4101 NW 97 AVE  
SUITE 301-G  
DORAL, FL 33178

**New Mailing Address:**

4001 NW 97 AVE  
SUITE 301-G  
DORAL, FL 33178

**FEI Number:** 26-0820139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILLINA, CARLOS D  
4101 NW 97 AVE  
SUITE 301-B  
DORAL, FL 33178 US

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

VALLINA, CARLOS D  
4001 NW 97 AVE  
SUITE 301-B  
DORAL, FL 33178 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: CARLOS D. VALLINA

11/12/2008

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: P ( ) Delete  
Name: VALLINA, CARLOS D  
Address: 4101 NW 97 AVE  
City-St-Zip: DORAL, FL 33178

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

Title: P (X) Change ( ) Addition  
Name: VALLINA, CARLOS D  
Address: 4001 NW 97 AVE  
City-St-Zip: DORAL, FL 33178

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: CARLOS D. VALLINA

P

11/12/2008

Electronic Signature of Signing Officer or Director

Date