

**2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000104185

**FILED  
Mar 28, 2014  
Secretary of State**

**Entity Name:** MIA HOME HEALTH CARE SERVICES, INC

**Current Principal Place of Business:**

9645 E COLONIAL DR  
110  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

9645 E COLONIAL DR  
110  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 26-1100450      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COLUMBIE, EZEQUIELA N  
8501 GRINSTEAD COURT  
ORLANDO, FL 32825 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: EZEQUIELA COLUMBIE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLUMBIE, EZEQUIELA N  
Address: 8501 GRINSTEAD COURT  
City-St-Zip: ORLANDO, FL 32825

I hereby 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 all other like empowered.

SIGNATURE: EZEQUIELA COLUMBIE

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

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03/28/2014

\_\_\_\_\_  
Date