

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000102680

**FILED**  
**May 04, 2011**  
**Secretary of State**

**Entity Name:** RELIABLE HEALTH CARE SERVICES POOL INC

**Current Principal Place of Business:**

2101 VISTA PARKWAY  
SUITE 4025  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

21050 WINDEMERE LN  
BOCA RATON, FL 33428

**Current Mailing Address:**

2101 VISTA PARKWAY  
SUITE 4025  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

21050 WINDEMERE LN  
BOCA RATON, FL 33428

**FEI Number:** 26-3723719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MIKAHILENKOV, IRIN  
10134 182ND LANE S  
BOCA RATON, FL 33498 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: MIKAHILENKOV, IRIN

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KOGAN, TATYANA  
Address: 10187 SERENE MEADOW DR., NORTH  
City-St-Zip: BOCA RATON, FL 33428

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: MIKAHILENKOV, IRIN

RA

05/04/2011

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

\_\_\_\_\_  
Date