

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000064596

Entity Name: ABILITY HOME CARE, INC.

FILED
Jan 04, 2011
Secretary of State

Current Principal Place of Business:

600 DARWIN BLVD.
203
PORT ST. LUCIE, FL 34953 US

Current Mailing Address:

1221 SW CROST AVENUE
PORT ST. LUCIE, FL 34953 US

New Principal Place of Business:

600 SW DARWIN BLVD.
203
PORT ST. LUCIE, FL 34953 US

New Mailing Address:

600 SW DARWIN BLVD.
203
PORT ST. LUCIE, FL 34953 US

FEI Number: 27-0642703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PIZARRO, SARAH E
600 DARWIN BLVD.
203
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

PIZARRO, SARAH E
600 SW DARWIN BLVD.
203
PORT ST. LUCIE, FL 34953 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: SARAH E. PIZARRO

01/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PIZARRO, SARAH E
Address: 600 SW DARWIN BLVD., SUITE 203
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP
Name: ROLDAN, JESSICA L
Address: 600 SW DARWIN BLVD., SUITE 203
City-St-Zip: PORT ST. LUCIE, FL 34953 US

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: SARAH E. PIZARRO

P

01/04/2011

Electronic Signature of Signing Officer or Director

Date