2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000085300

FILED Oct 01, 2009 Secretary of State

Entity Name: GENTLE HANDS HEALTH CARE SERVICES, CORP.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
840 SW	40 ST			
212 MIAMI, FL	33155 US			
Current M	lailing Addres	s:	New Mailing Addres	s:
8840 SW -	40 ST			
MIĀMI, FL	33155 US			
El Number	: 65-0452728	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
DIAZ, JIMI 8840 SW -	40 ST			
8840 SW - SUITE 212 MIAMI, FL The above	40 ST 2 33155 US	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
S840 SW GOUTE 212 MIAMI, FL The above n the Stat	40 ST 2 33155 US e named entity s e of Florida. RE: <u>JIMMY DI</u>	AZ		
6840 SW 6 SUITE 212 MIAMI, FL The above n the Stat BIGNATU	40 ST 2 33155 US e named entity se of Florida. RE: JIMMY DI Electror	AZ ic Signature of Registered Ag	ent	ed office or registered agent, or both, Date
6840 SW 6 SUITE 212 MIAMI, FL The above In the State SIGNATU In accordan	40 ST 2 33155 US E named entity se of Florida. RE: JIMMY DI Electror	AZ ic Signature of Registered Ag 3(2)(b), F.S., the corporation did n	ent	
6840 SW 6 SUITE 212 MIAMI, FL The above In the Stat SIGNATU In accordan Election Ca	40 ST 2 33155 US E named entity se of Florida. RE: JIMMY DI Electror	AZ ic Signature of Registered Ag 3(2)(b), F.S., the corporation did n 3 Trust Fund Contribution ().	ent ot receive the prior notice.	
6840 SW 6 SUITE 212 MIAMI, FL The above In the Stat SIGNATU In accordan Election Ca	40 ST 2 33155 US e named entity se of Florida. RE: JIMMY DI Electror ace with s. 607.19 mpaign Financing S AND DIREC PSD DIAZ, JIMMY	AZ ic Signature of Registered Ag 8(2)(b), F.S., the corporation did n 9 Trust Fund Contribution (). TORS: Delete REET, SUITE 212	ent ot receive the prior notice.	Date

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: JOHN DIAZ VD 10/01/2009