

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F05000002174

**FILED**  
**Jul 08, 2010**  
**Secretary of State**

**Entity Name:** FAMILY HOME HEALTH CENTERS, INC.

**Current Principal Place of Business:**

801 W. ANN ARBOR TRAIL  
SUITE 200  
PLYMOUTH, MI 48170

**New Principal Place of Business:**

**Current Mailing Address:**

801 W. ANN ARBOR TRAIL  
SUITE 200  
PLYMOUTH, MI 48170

**New Mailing Address:**

**FEI Number:** 02-0718322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PILKINGTON, JAMES H  
6829 PORTO FINO CIRCLE  
FORT MYERS, FL 33912 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:** JIM PILKINGTON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** RUARK, KEVIN  
**Address:** 801 W. ANN ARBOR TRAIL SUITE 200  
**City-St-Zip:** PLYMOUTH, MI 48170

**Title:** CDO  
**Name:** PILKINGTON, JAMES  
**Address:** 801 W. ANN ARBOR TRAIL SUITE 200  
**City-St-Zip:** PLYMOUTH, MI 48170

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:** KEVIN RUARK

CEO

07/08/2010

Electronic Signature of Signing Officer or Director

Date