

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H20580 1. Entity Name ALL CARE HEALTH SERVICES, INC.					
Principal Place of Business 3541 NORTH PINE ISLAND RD SUNRISE, FL 33351 US			Mailing Address 620 FREEDOM BUSINESS CENTER, #105 KING OF PRUSSIA, PA 19406 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 REINSTATEMENT 2006	
City & State		City & State		4. FEI Number 59-2469775	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PLANTATION ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE <u>Korri A. Behler</u> KORRI A. BEHLER Special Assistant Secretary DATE <u>11/1/04</u>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GELLER, DAVID S 620 FREEDOM BUSINESS CTR, #103 KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS FURTEK, RICHARD E 620 FREEDOM BUSINESS CENTER KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					