

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H80644

FILED
Nov 07, 2005
Secretary of State

Entity Name: BROADWAY HOME CARE, INC.

Current Principal Place of Business:

3601 BROADWAY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

1948 LOCHSHYRE RIDGE PLACE
OCOE, FL 34761

Current Mailing Address:

3601 BROADWAY
WEST PALM BEACH, FL 33407

New Mailing Address:

21268 MIRROR RIDGE PLACE
STERLING, VA 334761

FEI Number: 59-2822561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOMBS, DELORES MARRIAN
613 CLEARLAKE AVE.
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

COOMBS, HARDLEY
1948 LOCHSHYRE RIDGE PLACE
OCOE, FL 34761 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: HARDLEY COOMBS

11/07/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: COOMBS, DELORES MARR, IAN
Address: 613 CLEARLAKE AVE.
City-St-Zip: WEST PALM BEACH, FL

Title: VSD (X) Delete
Name: COOMBS, DELON P
Address: 9249 WILLOW TREE CT
City-St-Zip: JONESBORO, GA 30238

Title: D (X) Delete
Name: COOMBS, HARDLEY A
Address: 21268 MIRROR RIDGE PLACE
City-St-Zip: STERLING, VA 20164

Title: AVP (X) Delete
Name: COOMBS, COURTNEY
Address: 1948 LOCHSHYRE RIDGE PLACE
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: COURTNEY COOMBS,
Address: 1948 LOCHSHYRE RIDGE PLACE
City-St-Zip: OCOE, F 34671

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HARDLEY COOMBS

VP

11/07/2005

Electronic Signature of Signing Officer or Director

Date