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. Entity Name	» CH HOME HEALTH, INC.							- 0	
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rincipal Place		Mailing Address				SECRETA	RY OF SH	RIDA	
360 NURTH 214	LAKE BLVD	4360 NOBTH LAKE BL #214	VD-			SECRETA TALLAHA	2255111-		
	GARDENS, FL 33410 US	PALM BEACH GARDEN	\$;ft:33	410 U S					
Principal Pl	age of Business - No P.O, Box #	3. Mailing Address							
<u> </u>	ZLDRAKE LANE		4.m.	0		ACIÓN NUMBRI NUMBRI AND	LIL BIDIJ GIGIL HIMIJ MI	ats plait fift	1881 IS 1888
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City & State		City & State			4. FEI Numbe				olied For
Zin /	Country	Zip	Coun		65-0097		¢g	No 1.75 Add	t Applicable
^{Zip} 334	10 45A	Lip		u y	5. Certificate	of Status Desired	Fee	e Required	itional I
	6. Name and Address of Current F	legistered Agent	·	Nome d	7. Name and	Address of New	Registered Age	ent	
ARKIN, M					MIKL	ARKIN			
4360 NORTH LAKE BLVD				Street Address	(P.O. Box Numbe	ADE	TANE		
214 - ALM BE A	CH GARDENS; FL 33410					· · · · · · · · · · · · · · · · · · ·			
				City 7	REL	6.01	ens FL	Zip Code	
The above	named entity submits this statement for	the purpose of changing its	registere	d office or registe	red agent, or bot	n. in the State of F	- 81	illiar with	910 and accept
	ons of registered agent.	Λ							
IGNATURE	Y Wign & de	juhi				<u> </u>			
	Signature, typed or printed name of registered agent a	nd title if applicable. (NO1	E: Registere	ed Agent signature requ	ired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 wary 1, 2008, Fee will be \$300.00					In accordance corporation did	with s. 607.19 I not receive th	13(2)(b), l ne prior n	F.S., the otice.
After Jan			11.		ADDITIONS/	In accordance corporation did	I not receive th	ne prior n	otice.
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