

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000100223

Entity Name: M A HOME HEALTH, LLC

FILED
Sep 17, 2007
Secretary of State

Current Principal Place of Business:

1800 SW 1ST
309
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1800 SW 1ST
309
MIAMI, FL 33135

New Mailing Address:

FEI Number: 20-5713729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ARISTICA, MARIUSKA
1725 W 60TH ST
F112
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

FUSTER, MARIA V
3380 SW 109 AVENUE
MIAMI, FL 33165 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: MARIA V FUSTER

09/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARISTICA, MARIUSKA
Address: 1725 W 60TH ST APT F112
City-St-Zip: HIALEAH, FL 33012

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: ARISTICA, MARIUSKA
Address: 1725 W 60TH ST APT F112
City-St-Zip: HIALEAH, FL 33012

Title: P () Change (X) Addition
Name: FUSTER, MARIA V
Address: 3380 S.W. 109 AVE
City-St-Zip: MIAMI, FL 33165

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA V FUSTER

P

09/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date