2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# L24276

Entity Name: CONTINENTAL HOMECARE SERVICES, INC.

Current Principal Place of Business:

4690 N.W. 103RD AVE.
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

C/O BRIAN LYNN C.P.A., P.A.
TWO SO. UNIVERSITY DRIVE, STE 215
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0148286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNN, BRIAN CPA
TWO SOUTH UNIVERSITY DRIVE
STE 215
PLANTATION, FL 33324 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: BRIAN LYNN, CPA
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: DPT ( ) Delete
Name: IGNASIAK, WALTER E.,
Address: 4961 NW 102 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: WALTER E. IGNASIAK CEO 01/31/2008
Electronic Signature of Signing Officer or Director Date