

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005123

FILED
Mar 17, 2009
Secretary of State

Entity Name: UMABEL HOME HEALTH CARE INC.

Current Principal Place of Business:

9715 W. BROWARD BLVD., STE. 231
PLANTATION, FL 33324

New Principal Place of Business:

3540 NW 50 AVE
K318
LAUDERDALE LAKES, FL 33319 US

Current Mailing Address:

9715 W. BROWARD BLVD., STE. 231
PLANTATION, FL 33324

New Mailing Address:

3540 NW 50 AVE
K318
LAUDERDALE LAKES, FL 33319 US

FEI Number: 13-4296804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MATHILDA, LAPORTE
9715 W. BROWARD BLVD., STE. 231
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MATHILDA, MORENCY
3540 NW 50 AVE
K318
LAUDERDALE LAKES, FL 33319 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: MORENCY MATHILDA

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LAPORTE, MATHILDA MS
Address: 9715 W. BROWARD BLVD., STE. 231
City-St-Zip: PLANTATION, FL 33324

Title: CEO () Delete
Name: DELVA, FRANTZ MD.
Address: 9715 W. BROWARD BLVD., STE. 231
City-St-Zip: PLANTATION, FL 33324

Title: DP (X) Delete
Name: MONTPREMIER, MILELSON
Address: 3540 NW 50TH AVE., STE. K318
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DVP (X) Delete
Name: MONTPREMIER, EDMUND
Address: 3540 NW 50TH AVE., STE. K318
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MORENCY, MATHILDA MS
Address: 3540 NW 50 AVE
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: CEO (X) Change () Addition
Name: MONTPREMIER, MIKELSON MD.
Address: 3540 NW 50 AVE
City-St-Zip: LAUDERDALE LAKES, FL 33319

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORENCY MATHILDA

CEO

03/17/2009

Electronic Signature of Signing Officer or Director

Date