2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 25, 2011
Secretary of State

DOCUMENT# P01000095116

Entity Name: CLASSIC HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

2294 CR 526 E
SUMTERVILLE, FL 33585

New Principal Place of Business:

Current Mailing Address:

2294 CR 526 E/P.O. BOX 400
SUMTERVILLE, FL 33585

New Mailing Address:

FEI Number: 59-3742449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVLETIAN, DIRAN
2294 CR 526 E
SUMTERVILLE, FL 33585 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: DIRAN DEVLETIAN
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD
Name: DEVLETIAN, DIRAN
Address: 2706 CYPRESS LANE
City-St-Zip: WESTON, FL 33332

Title: VSD
Name: DEVLETIAN, MARIA T
Address: 2706 CYPRESS LANE
City-St-Zip: WESTON, FL 33335

I hereby 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 all other like empowered.

SIGNATURE: DIRAN DEVLETIAN CEO 02/25/2011
Electronic Signature of Signing Officer or Director Date