2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000105834

1. Entity Name
HOME CARE SOLUTIONS NURSING REGISTRY INC.

FILED
07 OCT -8 AM 10: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7700 CONGRESS AVE 2102 BOCA RATON, FL 33487	7700 CONGRESS AVE 2102 BOCA RATON, FL 33487

REINSTATEMENT 07

10/2/2007 REVER CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4802 W Comml Blvd	4802 W Comml Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMARAC FlA	City & State: TAMARAC Fl
Zip: 33319 Country: USA	Zip: 33319 Country: USA

4. FEI Number: 65-1158892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WECHTER, CLAUDIA 7700 CONGRESS AVE 2102 BOCA RATON, FL 33487	Name Street Address (P.O. Box Number is Not Acceptable): 4802 WEST Commercial Blvd City: TAMARAC FL Zip Code: 33319

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: Claudia 10.2.07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WECHTER, CLAUDIA 7700 CONGRESS AVENUE SUITE 2102 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4802 W Comml Blvd TAMARAC Fl 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAFRON, WILLIAM 7700 CONGRESS AVENUE SUITE 2102 BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4802 W Comml Blvd TAMARAC Fl 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900110495909 10/08/07--01050--003 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claudia 10.2.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-658-8105