

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000101549

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** SWEET CARE HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

14850 SW 26 STREET  
SUITE 211  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

14850 SW 26 STREET  
SUITE 211  
MIAMI, FL 33185

**New Mailing Address:**

**FEI Number:** 55-0796465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HERNANDEZ, NELSON  
2101 BRICKELL AVENUE  
APT. # 2111  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

HERNANDEZ, NELSON  
401 OCEAN DRIVE  
APT. # 423  
MIAMI, FL 33139 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: NELSON HERNANDEZ

01/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HERNANDEZ, ODALYS  
Address: 14926 SW 34 STREET  
City-St-Zip: MIAMI, FL 33185

Title: VD  
Name: HERNANDEZ, NELSON  
Address: 401 OCEAN DRIVE APT. # 423  
City-St-Zip: MIAMI, FL 33139

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: ODALYS HERNANDEZ

PD

01/21/2011

Electronic Signature of Signing Officer or Director

Date