

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000104539

Entity Name: HOME CARE CONCEPTS, INC.

FILED  
Oct 22, 2009  
Secretary of State

## Current Principal Place of Business:

7216 W. OAKLAND PARK BLVD.  
LAUDERHILL, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

7216 W. OAKLAND PARK BLVD.  
LAUDERHILL, FL 33313

## New Mailing Address:

FEI Number: 56-2296354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LA TOUCHE, CARMEL  
7216 W. OAKLAND PARK BLVD.  
LAUDERHILL, FL 33313 US

## Name and Address of New Registered Agent:

RYMER, APRIL  
7216 W. OAKLAND PARK BLVD.  
LAUDERHILL, FL 33313 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: APRIL RYMER, RA

10/22/2009

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: P ( ) Delete  
Name: LA TOUCHE, CARMEL  
Address: 7216 W. OAKLAND PARK BLVD.  
City-St-Zip: LAUDERHILL, FL 33313

Title: CFO ( ) Delete  
Name: LATOUCHE-DIXON, SHAUNA S  
Address: 7216 W. OAKLAND PARK BLVD.  
City-St-Zip: LAUDERHILL, FL 33313

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RYMER, APRIL  
Address: 7216 W. OAKLAND PARK BLVD.  
City-St-Zip: LAUDERHILL, FL 33313

Title: VP (X) Change ( ) Addition  
Name: LATOUCHE, CARMEL  
Address: 7216 W. OAKLAND PARK BLVD.  
City-St-Zip: LAUDERHILL, FL 33313

Title: ST ( ) Change (X) Addition  
Name: ROBERTSON, PENNY  
Address: 7216 W. OAKLAND PARK BLVD  
City-St-Zip: LAUDERHILL, FL 33313

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: APRIL RYMER, RA, PRESIDENT

RA/P

10/22/2009

Electronic Signature of Signing Officer or Director

Date