

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000125999

FILED
Oct 25, 2004
Secretary of State

Entity Name: UNISOURCE HOME HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

1432 VAN BUREN STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1432 VAN BUREN STREET
HOLLYWOOD, FL 33020

New Mailing Address:

C/O ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE #600
COCONUT GROVE, FL 33133 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ATER REGISTERED AGENTS, LLC
2601 SOUTH BAYSHORE DRIVE
#600
COCONUT GROVE, FL 33133 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: SANTIAGO ELJAEK III, MANAGER

10/25/2004

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: PSD () Delete
Name: COSTA, MICHAEL
Address: 1432 VAN BUREN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: VTD () Delete
Name: VILLANUEVA, FE
Address: 1432 VAN BUREN STREET
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: FE VILLANUEVA

VTD

10/25/2004

Electronic Signature of Signing Officer or Director

Date