



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02890 1. Entity Name ALL-CARE HOME HEALTH SERVICES, INC.						FILED 06 NOV -7 PM 4:28 	
Principal Place of Business 3541 NORTH PINE ISLAND RD. SUNRISE, FL 33351 US				Mailing Address 620 FREEDOM BUSINESS CENTER SUITE 105 KING OF PRUSSIA, PA 19406 US			
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT 2006</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-1619442				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT 2006</div>			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PLANTATION ISLAND ROAD PLANTATION, FL 33324							
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____							
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 <u>Korri A. Behler</u> KORRI A. BEHLER <u>11/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature is Required When Reinstating)</small> <small>SPECIAL ASSISTANT SECRETARY</small> <small>DATE</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00				<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT 2006</div>			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GELLER, DAVID S 620 FREEDOM BUSINESS CENTER STE. 105 KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS FURTER, RICHARD E 620 FREEDOM BUSINESS CENTER KING OF PRUSSIA, PA 19406	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200091589492 11/07/06--01039--007 **\$600.00						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9/29/06 01072 010 \$158.75						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> DATE: _____ Daytime Phone # _____							