

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000088536

**FILED**  
**Oct 21, 2005**  
**Secretary of State**

**Entity Name:** ORECK HOME CARE CENTERS OF FLORIDA INC.

**Current Principal Place of Business:**

11057 SW 8TH ST  
BUILDING 23 APARTMENT 104  
PEMBROKE PINES, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

11057 SW 8TH ST  
BUILDING 23 APARTMENT 104  
PEMBROKE PINES, FL 33025 US

**New Mailing Address:**

**FEI Number:** 77-0606025      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WHITEMAN, IAN A  
11057 SW 8TH ST  
BUILDING 23 APARTMENT 104  
PEMBROKE PINES, FL 33025 US

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

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: IAN WHITEMAN

\_\_\_\_\_  
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: WHITEMAN, IAN A  
Address: 11057 SW 8TH ST  
City-St-Zip: BUILDING 23 APARTMENT 104, FL 33025 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: IAN WHITEMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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10/21/2005

\_\_\_\_\_  
Date