2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 07, 2005
Secretary of State

DOCUMENT# P03000097472

Entity Name: HUMANA HOME HEALTH CARE CORP.

Current Principal Place of Business:

6955 NW 77 AVE #404
MIAMI, FL 33166

New Principal Place of Business:

6801 NW 77 AVE
103
MIAMI, FL 33166

Current Mailing Address:

6955 NW 77 AVE #404
MIAMI, FL 33166

New Mailing Address:

6801 NW 77 AVE
103
MIAMI, FL 33166

FEI Number: 20-0489472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERNANDEZ, DALMYS
6955 NW 77TH AVENUE
#404
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

FERNANDEZ, DALMYS
6801 NW 77 AVE
103
MIAMI, FL 33166 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: DALMYS 12/07/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: FERNANDEZ, DALMYS
Address: 6955 NW 77 AV #404
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: FERNANDEZ, DALMYS
Address: 6955 NW 77 AV #404
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: FERNANDEZ, DALMYS
Address: 6801 NW 77 AVE SUITE 103
City-St-Zip: MIAMI, FL 33166

Title: D (X) Change ( ) Addition
Name: FERNANDEZ, DALMYS
Address: 6801 NW 77 AVE SUITE 103
City-St-Zip: MIAMI, FL 33166

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: DALMYS HERNANDEZ OWNE 12/07/2005
Electronic Signature of Signing Officer or Director Date