

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000135195

Entity Name: REALCARE HOME HEALTH INC.

FILED  
Nov 27, 2006  
Secretary of State

## Current Principal Place of Business:

15321 N.W. 60 AVE., STE. 105  
MIAMI LAKES, FL 33014 US

## New Principal Place of Business:

6175 N.W. 167 STREET  
G-30  
MIAMI, FL 33015 US

## Current Mailing Address:

15321 N.W. 60 AVE., STE. 105  
MIAMI LAKES, FL 33014 US

## New Mailing Address:

6175 N.W. 167 STREET  
G-30  
MIAMI, FL 33015 US

FEI Number: 20-0422471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTIN-HIDALGO, ANA  
19700 W ST ANDREWS DRIVE  
HIALEAH, FL 33015 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: ANA MARTIN-HIDALGO

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTIN-HIDALGO, ANA  
Address: 19700 W ST ANDREWS DRIVE  
City-St-Zip: HIALEAH, FL 33015 US

Title: VP ( ) Delete  
Name: ROJAS, MIRTA M  
Address: 15321 N.W. 60 AVE., STE. 105  
City-St-Zip: MIAMI LAKES, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ROJAS, MIRTA M  
Address: 6175 N.W. 167 STREET # G-30  
City-St-Zip: MIAMI, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANA MARTIN-HIDALGO

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11/27/2006

Electronic Signature of Signing Officer or Director

Date