2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 31, 2006
Secretary of State

DOCUMENT# P03000143831

Entity Name: IN-HOME NURSING SERVICES, INC.

Current Principal Place of Business:

8826 W FLAGLER ST UNIT 225
MIAMI, FL 33174

New Principal Place of Business:

1690 SW 154TH AVE
MIAMI, FL 33185

Current Mailing Address:

8826 W FLAGLER ST UNIT 225
MIAMI, FL 33174

New Mailing Address:

1690 SW 154TH AVE
MIAMI, FL 33185

FEI Number: 76-0746745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTEGA, MARIA C
8826 W FLAGLER ST UNIT 225
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

ORTEGA, MARIA C
1690 SW 154TH AVE
MIAMI, FL 33185 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: MARIA C ORTEGA 05/31/2006
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: D ( ) Delete
Name: ORTEGA, MARIA C
Address: 8826 W FLAGLER ST UNIT 225
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete
Name: SAEZ, DAVID G
Address: 8826 W FLAGLER ST UNIT 225
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STVD (X) Change ( ) Addition
Name: ORTEGA, MARIA C
Address: 1690 SW 154TH AVE
City-St-Zip: MIAMI, FL 33185

Title: PD (X) Change ( ) Addition
Name: SAEZ, DAVID G
Address: 1690 SW 154TH AVE
City-St-Zip: MIAMI, FL 33185

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: DAVID G SAEZ P 05/31/2006
Electronic Signature of Signing Officer or Director Date