

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 15 AM 8:00

REINSTATEMENT *04*



11112004 REIN-P CR2E098 (6/04) *MRS*

DOCUMENT # P03000148893					
1. Entity Name ALL TEAM MET CARE INC					
Principal Place of Business 4588 N. DIXIE HWY. OAKLAND PARK, FL 33304			Mailing Address 4588 N. DIXIE HWY. OAKLAND PARK, FL 33304		
2. Principal Place of Business 520 D South Dixie Highway Suite D.			3. Mailing Address 520 S. Dixie Highway Suite D.		
City & State Hallandale Beach, Florida			City & State Hallandale Beach, Florida		
Zip 33009		Country Broward		Zip 33009	
				Country Broward	
4. FEI Number 54-2163041			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent INWANG, EMMANUEL P 140 W. PALMER AVE., APT. 6 TALLAHASSEE, FL 33301			7. Name and Address of New Registered Agent Name George Tissing Street Address (P.O. Box Number is Not Acceptable) 701 N.W., 214 ST. APT. # 305 MIAMI, FLORIDA 33169 City FL Zip Code 33169		
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 (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 </div> <div></div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INWANG, VICTOR P 4588 N. DIXIE HWY. OAKLAND PARK, FL 33304 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P George Tissing 701 NW 214 th ST. APT. # 305 MIAMI, FLORIDA 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500043429735 12/15/04--01032--003 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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 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:			12/12/04 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					