

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000004574

FILED  
Oct 10, 2005  
Secretary of State

Entity Name: VITAL HOMECARE OF FLORIDA, INC.

## Current Principal Place of Business:

3923 LAKE WORTH RD. #205  
LAKE WORTH, FL 33461

## New Principal Place of Business:

## Current Mailing Address:

3923 LAKE WORTH RD. #205  
LAKE WORTH, FL 33461

## New Mailing Address:

FEI Number: 02-0713745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VAN HEUSEN, ALAN H  
3923 LAKE WORTH RD., #205  
LAKE WORTH, FL 33461 US

## Name and Address of New Registered Agent:

NWABEKE, VINCENT I  
3923 LAKE WORTH RD., #205  
LAKE WORTH, FL 33461 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: VINCENT I. NWABEKE

10/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: NWABEKE, VICTORIA  
Address: 1840 SW 22ND ST SUITE 4-174  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: NWABEKE, VICTORIA  
Address: 1840 SW 22ND ST SUITE 4-174  
City-St-Zip: MIAMI, FL 33145

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: NWABEKE, VICTORIA  
Address: 3923 LAKE WORTH ROAD, SUITE 205  
City-St-Zip: LAKE WORTH, FL 33461

Title: D (X) Change ( ) Addition  
Name: NWABEKE, VICTORIA I  
Address: 3923 LAKE WORTH ROAD, SUITE 205  
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Change (X) Addition  
Name: NWABEKE, VINCENT I  
Address: 3923 LAKE WORTH ROAD, SUITE 205  
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Change (X) Addition  
Name: NWABEKE, VINCENT I  
Address: 3923 LAKE WORTH ROAD, SUITE 205  
City-St-Zip: LAKE WORTH, FL 33461

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: VINCENT I. NWABEKE

D

10/10/2005

Electronic Signature of Signing Officer or Director

Date