2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000004574

Entity Name: VITAL HOMECARE OF FLORIDA, INC.

FILED Oct 08, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5700 LAKE WORTH RD. 209-6

LAKE WORTH, FL 33463

Current Mailing Address: New Mailing Address:

5700 LAKE WORTH RD. 209-6 LAKE WORTH, FL 33463

FEI Number: 02-0713745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NWABEKE, VINCENT I 5700 LAKE WORTH RD. STE. 209-6 LAKE WORTH, FL 33463 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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PVST (X) Change () Addition

Name: NWABEKE, VICTORIA Name: NWABEKE, VICTORIA

Address: 3923 LAKE WORTH ROAD, SUITE 205 Address: 5700 LAKE WORTH ROAD, SUITE 209-6

City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: LAKE WORTH, FL 33463

Name: NWABEKE, VICTORIA I Name: NWABEKE, VICTORIA I

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I hereby certify that the information supplied with this filing does not qualify 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: VINCENT I. NWABEKE CEO 10/08/2007