

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000039197

**FILED**  
**Jul 11, 2012**  
**Secretary of State**

**Entity Name:** HOME HEALTH AGENCY - TEXAS, INC.

**Current Principal Place of Business:**

6390 LBJ FREEWAY  
SUITE 106  
DALLAS, TX 75240 US

**New Principal Place of Business:**

1115 FORT WORTH HIGHWAY  
SUITE 1500  
WEATHERFORD, TX 76086 US

**Current Mailing Address:**

11780 WEST SAMPLE RD.  
STE. 105  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

6405 MERCEDES AVENUE  
DALLAS, TX 75214

**FEI Number:** 20-0832343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORTNOY, FRED  
11780 W. SAMPLE ROAD  
SUITE 105  
CORAL SPRINGS, FL 33065 US

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

MUTH, PATRICIA E  
1513 SOUTH MAGNOLIA DRIVE  
TALLAHASSEE, FL 32301-575 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: PATRICIA E. MUTH

07/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: STEPHENSON, RICHARD D  
Address: 210 HAYS COURT  
City-St-Zip: COLLEYVILLE, TX 76034

I hereby 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 all other like empowered.

SIGNATURE: RICHARD D. STEPHENSON

PRES

07/11/2012

Electronic Signature of Signing Officer or Director

Date