


FILED

2007 NOV -1 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000104820

1. Entity Name  
K & D HOME HEALTH CARE CORP.



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4330 W BROWARD BLVD.  
SUITE ~~X~~ 0  
PLANTATION, FL 33317

Mailing Address  
4330 W BROWARD BLVD.  
SUITE ~~Y~~ 0  
PLANTATION, FL 33317

2. Principal Place of Business - No P.O. Box #  
4330 W. Broward Blvd.  
Suite 0  
City & State  
Plantation FL  
Zip  
33317  
Country  
United States

3. Mailing Address  
4330 W. Broward Blvd.  
Suite 0  
City & State  
Plantation FL  
Zip  
33317  
Country  
U.S.A.

4. FEI Number  
30-0272282

Applied For  
Not Applicable

10052007  
REINSTATEMENT  
10/28/07 (1/07) 07

5. Certificate of Status Desired  
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DENTON, NORMA F  
4330 W BROWARD BLVD.  
SUITE ~~X~~ 0  
PLANTATION, FL, FL 33317

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL  
Zip Code

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: Norma F. Denton  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
10/4/07  
DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS  
TITLE P  
NAME DENTON, NORMA F  
STREET ADDRESS 4330 W BROWARD BLVD.  
CITY- ST- ZIP PLANTATION, FL 33317  
TITLE VP  
NAME O'CONNOR, VERONICA  
STREET ADDRESS 22031 ALTONA DRIVE  
CITY- ST- ZIP BOCA RATON, FL 33428  
TITLE T  
NAME MACMILLAN, MARTHA B  
STREET ADDRESS 4330 W BROWARD BLVD., SUITE 0  
CITY- ST- ZIP PLANTATION, FL 33317  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
Change Addition  
200111207792  
10/23/07--01035--002 \*\*150.00  
Change Addition  
Change Addition  
Change Addition  
Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
10/4/07  
Daytime Phone #



*K & D Home Health Care*

2 of 2

4330 WEST BROWARD BLVD., SUITE O

PLANTATION, FL 33317

TELEPHONE: (954) 583-7077 \* 1-866-212-2331

FAX: (954) 583-7099 \* 1-866-212-3153

October 29, 2007

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL, 33317

Dear Sirs/Madam

This letter serves as an appeal for a waiver of reinstatement fee in the sum of Six Hundred Dollars (\$600.00) for K & D Home Health Care, due to non-receipt of the annual report notices. Enclosed is the application for reinstatement & check # 2197 in the sum of One Hundred Fifty Dollars (\$150.00).

Attached also is a copy of document d/d 07/17/2006 sent by your office to the current address, which is now being disputed by your representative.

The updated address is as follows:  
K & D Home Health Care Corp  
4330 Broward Blvd, Suite O  
Plantation, FL, 33317

Please update your records accordingly.

Thanks for your co-operation

I remain

  
Norma F. Denton

Encl