

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000107287

FILED
Nov 03, 2009
Secretary of State

Entity Name: HOME HEALTH AGENCY - ARIZONA, INC.

Current Principal Place of Business:

1430 EAST MISSOURI AVE
SUITE B225
PHOENIX, AZ 85014

New Principal Place of Business:

Current Mailing Address:

11780 WEST SAMPLE ROAD
SUITE 105
CORAL SPRINGS, FL 33065

New Mailing Address:

1804 SOUTH SIGNAL BUTTE ROAD
SUITE 103
MESA, AZ 85209

FEI Number: 20-1407867

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:

PORTNOY, FRED
1623 ISLAND WAY
WESTON, FL 33326 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: FRED PORTNOY

11/03/2009

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:

Title: PRES () Delete
Name: NAGPAL, BEENA
Address: 11780 W. SAMPLE ROAD, SUITE 105
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SEC () Delete
Name: PORTNOY, FRED
Address: 11780 W. SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: NAGPAL, NARESH
Address: 11980 WEST SAMPLE RD SUITE 105
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NAGPAL, BEENA
Address: 5959 COLLINS AVE, APT. 1006
City-St-Zip: MIAMI BEACH, FL 33140

Title: SEC (X) Change () Addition
Name: PORTNOY, FRED
Address: 1623 ISLAND WAY
City-St-Zip: WESTON, FL 33326

Title: D (X) Change () Addition
Name: NAGPAL, NARESH
Address: 5959 COLLINS AVE., APT. 1006
City-St-Zip: MIAMI BEACH, FL 33140

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: NARESH NAGPAL

D

11/03/2009

Electronic Signature of Signing Officer or Director

Date