2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2005
Secretary of State

DOCUMENT# P04000114849

Entity Name: 5 STAR HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

1846 WINDSOR OAK DR.
APOPKA, FL 32703

New Principal Place of Business:

5104 N.ORANGE BLOSSOM TRAIL
116
ORLANDO, FL 32810

Current Mailing Address:

1846 WINDSOR OAK DR.
APOPKA, FL 32703

New Mailing Address:

5104 N. ORANGE BLOSSOM TRAIL
116
ORLANDO, FL 32810

FEI Number: 03-0547616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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: AIA REGISTERED AGENT INC.
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: PD ( ) Delete
Name: VILABRERA, CONRAD
Address: 2165 SPRINGWOOD DR.
City-St-Zip: AUBURN, AL 36830

Title: VD ( ) Delete
Name: LUCES, MAYLING A
Address: 1846 WINDSOR OAK DR.
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: THOMPSON, JUANETTA
Address: 325 MEDINA CT.
City-St-Zip: KISSIMMEE, FL 34758

Title: TD (X) Delete
Name: VILABRERA, ENA
Address: 2165 SPRINGWOOD DR.
City-St-Zip: AUBURN, AL 36830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VILABRERA, CONRAD
Address: 1846 WINDSOR OAK DR
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: LUCES, MAYLING A
Address: 1846 WINDSOR OAK DR
City-St-Zip: APOPKA, FL 32703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CONRAD VILABRERA PD 10/08/2005
Electronic Signature of Signing Officer or Director Date