2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 31, 2006
Secretary of State

DOCUMENT# P04000116448

Entity Name: IDEAL HEALTHCARE INC.

Current Principal Place of Business:

1889 CURLEW RD.
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1206 EAGLES ENTRY DR.
ODESSA, FL 33556

New Mailing Address:

FEI Number: 56-2481364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OGUN, ABIMBOLA S
3805 WINDING LAKE CIRCLE
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

OGUN, ABIMBOLA S
1206 EAGLES ENTRY DR.
ODESSA, FL 33556 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: ABIMBOLA OGUN 10/31/2006
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: D ( ) Delete
Name: OGUN, ABIMBOLA S
Address: 3805 WINDING LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: OGUN, ANTHONY T
Address: 3805 WINDING LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: OGUN, ABIMBOLA S
Address: 1206 EAGLES ENTRY DR.
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change ( ) Addition
Name: OGUN, ANTHONY T
Address: 1206 EAGLES ENTRY DR.
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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: ABIMBOLA OGUN D 10/31/2006
Electronic Signature of Signing Officer or Director Date