2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000119344

Entity Name: PROCARE HOME HEALTH SERVICES, INC.

FILED Nov 23, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4800 BEACH BLVD 7545 CENTURION PKWY

SUITE 1 SUITE # 302

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

4800 BEACH BLVD 7545 CENTURION PKWY SUITE 1 SUITE # 302

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32256

FEI Number: 13-4285896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THOMPSON, KIMBERLY A
4800 BEACH BLVD. SUITE 1

JACKSONVILLE, FL 32207 US

THOMPSON, KIMBERLY A
7545 CENTURION PKWY
SUITE # 302

JACKSONVILLE, TE 32207 03 JACKSONVILLE, FL 32256 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: KIMBERLY A THOMPSON 11/23/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PR

Name: THOMPSON, KIMBERLY
Address: 7545 CENTURION PKWY # 302
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP

 Name:
 LUISSER, MARGE

 Address:
 4552 OAKBROOKE CT.

 City-St-Zip:
 JACKSONVILLE, FL 32277

Title: SEC

Name: THOMPSON, KIMBERLY
Address: 7545 CENTURION PKWY # 302
City-St-Zip: JACKSONVILLE, FL 32256

Title: TRES

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: KIMBERLY A THOMPSON PR 11/23/2010