2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000127512

Entity Name: HOME HEALTH AGENCY - OKLAHOMA CITY, INC.

FILED Nov 03, 2009 Secretary of State

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

5400 N. GRAND BLVD. SUITE 145 OKLAHOMA CITY, OK 73112

Current Mailing Address: New Mailing Address:

11780 W SAMPLE RD 1804 SOUTH SIGNAL BUTTE RD.

SUITE 105 SUITE 103 CORAL SPRINGS, FL 33065 SUITE 403 MESA, AZ 85209

FEI Number: 20-1606852 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:

PORTNOY, FRED
11780 W. SAMPLE ROAD
SUITE 105
CORAL SPRINGS, FL 33065 US
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

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

Name: NAGPAL, BEENA Name: NAGPAL, BEENA Address: 11780 W. SAMPLE ROAD, SUITE 105 Address: 5959 COLLINS AVE, APT. 1006

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: MIAMI BEACH, FL 33140

Title: SEC () Delete Title: SEC (X) Change () Addition Name: PORTNOY, FRED Name: PORTNOY, FRED

Address: 11780 W. SAMPLE ROAD, SUITE 105 Address: 1623 ISLAND WAY
City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: WESTON, FL 33326

Name: NAGPAL, NARESH Name: NAGPAL, NARESH

Address: 11780 W SAMPLE RD., STE 105 Address: 5959 COLLINS AVE, APT. 1006
City-St-Zip: CORAL SPRINGS, FL 33065 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