2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000133802

Entity Name: MORNINGSTAR HOME HEALTH AGENCY, INC.

FILED Jan 25, 2012 Secretary of State

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

3590 SOUTH STATE ROAD 7 SUITE 217 3600 SOUTH STATE ROAD 7 SUITE 247

MIRAMAR, FL 33023 MIRAMAR, FL 33023

Current Mailing Address: New Mailing Address:

3590 SOUTH STATE ROAD 7 SUITE 217 3600 SOUTH STATE ROAD 7 SUITE 247

MIRAMAR, FL 33023 MIRAMAR, FL 33023

FEI Number: 30-0438731 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:

IMAFIDON, TAIWO
3590 SOUTH STATE ROAD 7 SUITE 217
MIRAMAR, FL 33023
US

MAYUNGBE, ALBERT A CPA
1111 PARK CENTRE BLVD
247

MIRAMAR, FL 33023 US 247
MIRAMAR, FL 33023 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: ALBERT A MAYUNGBE 01/25/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DIR

Name: IMAFIDON, TAIWO

Address: 3600 SOUTH STATE ROAD 7 SUITE 247

City-St-Zip: MIRAMAR, FL 33023

Title: PRES

Name: IMAFIDON, TAIWO Address: 15772 S.W 24 STREET City-St-Zip: MIRAMAR, FL 33027

Title: SECR

 Name:
 SALAMI, IMUENTINYAN

 Address:
 15772 S.W 24 STREET

 City-St-Zip:
 MIRAMAR, FL 33027

Title: TREA

 Name:
 SALAMI, IMUENTINYAN

 Address:
 15772 S.W 24 STREET

 City-St-Zip:
 MIRAMAR, FL 33027

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: IMUENTIYAN SALAMI SECT 01/25/2012