

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000029450

**FILED**  
**Jun 09, 2009**  
**Secretary of State**

**Entity Name:** DA CENTERLIFE HEALTH CARE, INC.

**Current Principal Place of Business:**

3581 E. 4TH AVE  
HIALEAH, FL 33013

**New Principal Place of Business:**

111 NE 1ST  
300  
MIAMI, FL 33132

**Current Mailing Address:**

3581 E. 4TH AVE  
HIALEAH, FL 33013

**New Mailing Address:**

111 NE 1ST  
300  
MIAMI, FL 33132

**FEI Number:** 32-0138057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GONZALEZ, MARIA A  
3581 E. 4TH AVE  
HIALEAH, FL 33013 US

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

ST CHARLES, JERRY  
4235 NW 179 ST  
MIAMI, FL 33055 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: JERRY ST CHARLES

06/09/2009

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:**

Title: P ( ) Delete  
Name: GONZALEZ, MARIA A  
Address: 3581 E. 4TH AVE  
City-St-Zip: HIALEAH, FL 33013

Title: V (X) Delete  
Name: GONZALEZ, DANIEL  
Address: 3581 E. 4TH AVE  
City-St-Zip: HIALEAH, FL 33013

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

Title: P (X) Change ( ) Addition  
Name: ALBRIGHT, BRANDI  
Address: 111 NE 1ST  
City-St-Zip: MIAMI, FL 33132

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

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: BRANDI ALBRIGHT

P

06/09/2009

Electronic Signature of Signing Officer or Director

Date