

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000048313

Entity Name: HC NURSING SERVICES, INC.

**FILED**  
**Mar 27, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

8024 HARDING AVE. NO. 3  
MIAMI BCH, FL 33141

## **New Principal Place of Business:**

9201 COLLINS AVE.  
1124  
SURFSIDE, FL 33154

## **Current Mailing Address:**

8024 HARDING AVE. NO. 3  
MIAMI BCH, FL 33141

## **New Mailing Address:**

9201 COLLINS AVE.  
1124  
SURFSIDE, FL 33154

FEI Number: 20-2609992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CABRERA, HECTOR J  
8024 HARDING AVE. NO. 3  
MIAMI BCH, FL 33141 US

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

CABRERA, HECTOR J  
9201 COLLINS AVE.  
1124  
SURFSIDE, FL 33154 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: HECTOR J. CABRERA

03/27/2008

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: PTD ( ) Delete  
Name: CABRERA, HECTOR J  
Address: 8024 HARDING AVE. NO. 3  
City-St-Zip: MIAMI BCH, FL 33141

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

Title: PTD (X) Change ( ) Addition  
Name: CABRERA, HECTOR J  
Address: 9201 COLLINS AVE. APT.# 1124  
City-St-Zip: SURFSIDE, FL 33154

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: HECTOR J. CABRERA

PDT

03/27/2008

Electronic Signature of Signing Officer or Director

Date