

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000080409

Entity Name: CARE ONE HEALTH, INC.

FILED
Jan 02, 2007
Secretary of State

Current Principal Place of Business:

10240 SW 56 ST., STE. 102
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

10240 SW 56 ST., STE. 102
MIAMI, FL 33165

New Mailing Address:

FEI Number: 06-1749067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPOTE, GERARDO
10240 SW 56 ST., STE. 102
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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: GERARDO CAPOTE

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: DP () Delete
Name: CAPOTE, GERARDO
Address: 10240 SW 56 ST., STE. 102
City-St-Zip: MIAMI, FL 33165

Title: DVP () Delete
Name: RENELIEN, JEAN L.
Address: 1550 N. FEDERAL HWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DST () Delete
Name: GONZALEZ CUETO, ROBERTO
Address: 8520 NW 174 ST.
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GERARDO CAPOTE

Electronic Signature of Signing Officer or Director

DP

01/02/2007

Date