2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2006
Secretary of State

DOCUMENT# P05000081249

Entity Name: HUMANA CARE CENTER, INC

Current Principal Place of Business:

4715 NW 157 ST SUITE 107
MIAMI GARDEN, FL 33014

New Principal Place of Business:

Current Mailing Address:

4715 NW 157 ST SUITE 107
MIAMI GARDEN, FL 33014

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEAGEA, HABIB
4715 NW 157 ST SUITE 107
MIAMI GARDEN, FL 33014 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: HABIB GEAGEA
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: PSD ( ) Delete
Name: GEAGEA, HABIB
Address: 4715 NW 157 ST SUITE 107
City-St-Zip: MIAMI GARDEN, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HABIB GEAGEA PD 10/12/2006
Electronic Signature of Signing Officer or Director Date