2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000102497

Entity Name: PODIATRY HOME CARE, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1201 S OCEAN DRIVE #302-S					
HOLLYWO	OD, FL 33019				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
#302-S	EAN DRIVE OD, FL 33019				
FEI Number:		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of Ne				New Registered Agent:	
1201 S OCI #302-S	, CHRISTOPH EAN DRIVE OD, FL 33019				
The above in the State		ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E: CHRISTO	PHER W. JOHNSON			
	Electroni	c Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () JOHNSON, CHR 1201 S OCEAN HOLLYWOOD, I	DRIVE #302-S	Title: (Name: Address: City-St-Zip:	() Change () Addition	

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: CHRISTOPHER W. JOHNSON P 05/01/2008