

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000125617

Entity Name: AFFINITY HOME HEALTH, INC.

FILED
Sep 18, 2006
Secretary of State

Current Principal Place of Business:

29605 US HIGHWAY 19 NORTH
SUITE 180
CLEARWATER, FL 33761 US

Current Mailing Address:

29605 US HIGHWAY 19 NORTH
SUITE 180
CLEARWATER, FL 33761 US

New Principal Place of Business:

4301 NORTH HABANA STREET
SUITE 3
TAMPA, FL 33607 US

New Mailing Address:

4301 NORTH HABANA STREET
SUITE 3
TAMPA, FL 33607 US

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

Name and Address of Current Registered Agent:

VAALE, ANITA A
499 PATRICIA AVENUE
SUITE A
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

VAALE, ANITA A
4301 NORTH HABANA STREET
SUITE 3
TAMPA, FL 33607 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: ANITA VAALE

09/18/2006

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: PVST () Delete
Name: VAALE, ANITA A
Address: 499 PATRICIA AVENUE SUITE A
City-St-Zip: DUNEDIN, FL 34698 US

Title: D () Delete
Name: VAALE, ANITA A
Address: 499 PATRICIA AVENUE SUITE A
City-St-Zip: DUNEDIN, FL 34698 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: VAALE, ANITA A
Address: 4301 NORTH HABANA STREET
City-St-Zip: TAMPA, FL 33607 US

Title: D (X) Change () Addition
Name: VAALE, ANITA A
Address: 4301 NORTH HABANA STREET
City-St-Zip: TAMPA, FL 33607 US

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: ANITA VAALE

PVST

09/18/2006

Electronic Signature of Signing Officer or Director

Date