

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000018079

Entity Name: ALFA MEDIC HOME HEALTH, INC.

FILED
Oct 08, 2007
Secretary of State

Current Principal Place of Business:

847 NW 119 ST., STE. 205
MIAMI, FL 33168

New Principal Place of Business:

15716 SW 26TH STREET
MIRAMAR, FL 33027 US

Current Mailing Address:

847 NW 119 ST., STE. 205
MIAMI, FL 33168

New Mailing Address:

15716 SW 26TH STREET
MIRAMAR, FL 33027 US

FEI Number: 20-4299424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OMOBASUYI, DAVID
847 NW 119 ST., STE. 205
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

HIGH END INCOME TAX & ACCOUNTING SRVCS
4200 NW 16 ST
SUITE 600-A
LAUDERHILL, FL 33313 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: MICHAEL EMOKPAE

10/08/2007

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: PT () Delete
Name: OMOBASUYI, DAVID
Address: 847 NW 119 ST., STE. 205
City-St-Zip: MIAMI, FL 33168

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: OMOBASUYI, DAVID
Address: 15716 SW 26TH STREET
City-St-Zip: MIRAMAR, FL 33027 US

Title: VPD () Change (X) Addition
Name: UHUNMWANGHO, EGHOSA
Address: 4495 SW 179 WAY
City-St-Zip: MIRAMAR, FL 33029 US

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: DAVID OMOBASUYI

PTD

10/08/2007

Electronic Signature of Signing Officer or Director

Date