

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000022974

Entity Name: A + HOMEHEALTH, INC.

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

25231 BERNWOOD DRIVE
STE 1
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

25231 BERNWOOD DRIVE
STE 1
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

27079 MATHESSON AVENUE
UNIT 101
BONITA SPRINGS, FL 34135 US

New Mailing Address:

27079 MATHESSON AVENUE
UNIT 101
BONITA SPRINGS, FL 34135 US

FEI Number: 20-4320660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DONALD K JR
599 9TH ST. NORTH
STE. 300
NAPLES, FL 34102 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: DONALD K ROSS JR

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: PS D () Delete
Name: CRUDO, DANNY
Address: 27079 MATHESSON AVE UNIT 101
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VT D () Delete
Name: JENNINGS, SHELLY
Address: 221 CHARLESTON COURT
City-St-Zip: NAPLES, FL 34110 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: CRUDO, DANNY
Address: 27079 MATHESSON AVE UNIT 101
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: VP D (X) Change () Addition
Name: PHILLIPS, CHRISTOPHER
Address: 2109 CHARLESTON PARK DRIVE
City-St-Zip: NORTH PORT, FL 34287 US

Title: ST D () Change (X) Addition
Name: CONRAD, T. JILL
Address: 2375 16TH AVENUE NE
City-St-Zip: NAPLES, FL 34120

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: DANNY CRUDO

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date