

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000030386

FILED
Jan 10, 2008
Secretary of State

Entity Name: FIRST RATE HOME HEALTH CARE CORPORATION

Current Principal Place of Business:

5757 SW 8TH STREET
SUITE # 204
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

5757 SW 8TH STREET
SUITE # 204
MIAMI, FL 33144

New Mailing Address:

6301 COLLINS AVENUE
APT 3305
MIAMI BEACH, FL 33141

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE ZAYAS, BEATRIZ
5757 SW 8TH STREET
SUITE # 204
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

DE ZAYAS, BEATRIZ
6301 COLLINS AVENUE
APT 3305
MIAMI BEACH, FL 33141 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: BEATRIZ DE ZAYAS

01/10/2008

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: DE ZAYAS, BEATRIZ
Address: 5757 SW 8TH STREET, SUITE # 204
City-St-Zip: MIAMI, FL 33144

Title: D (X) Delete
Name: DE ZAYAS, BEATRIZ
Address: 5757 SW 8TH STREET, SUITE # 204
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: DE ZAYAS, BEATRIZ
Address: 6301 COLLINS AVENUE APT 3305
City-St-Zip: MIAMI BEACH, FL 33144

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BEATRIZ DE ZAYAS

PVT

01/10/2008

Electronic Signature of Signing Officer or Director

Date