

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000032193

**FILED**  
**Oct 17, 2011**  
**Secretary of State**

**Entity Name:** CAREFLORIDA HOME HEALTH SERVICES INC.

**Current Principal Place of Business:**

4180 W 12 AVE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14-4131  
CORAL GABLES, FL 33114

**New Mailing Address:**

**FEI Number:** 84-1707529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, MANUEL R ESQ.  
770 PONCE DE LEON BOULEVARD  
PENTHOUSE SUITE  
CORAL GABLES, FL 33134 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:** JORGE FERNANDEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPT  
**Name:** BALESTENA, ANTONIO T  
**Address:** 4180 W 12 AVE  
**City-St-Zip:** HIALEAH, FL 33012

**Title:** DVPS  
**Name:** FERNANDEZ, JORGE L  
**Address:** 4180 W 12 AVE  
**City-St-Zip:** HIALEAH, FL 33012

I hereby 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 all other like empowered.

**SIGNATURE:** ANTONIO T BALESTENA

PRES

10/17/2011

Electronic Signature of Signing Officer or Director

Date