

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000037071

Entity Name: LIFE HEALTH CARE, INC

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1490 WEST 49 PLACE  
SUITE 570  
HIALEAH, FL 33012 DA

## **New Principal Place of Business:**

## **Current Mailing Address:**

1490 WEST 49 PLACE  
SUITE 570  
HIALEAH, FL 33012 DA

## **New Mailing Address:**

FEI Number: 20-4911812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTINEZ, SONIA  
1490 WEST 49 PLACE  
SUITE 570  
HIALEAH, FL 33012 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: SONIA MARTINEZ

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: MARTINEZ, SONIA  
Address: 1490 WEST 49 PLACE SUITE 570  
City-St-Zip: HIALEAH, FL 33012 DA

Title: VP  
Name: ROMERO, MAROLDY  
Address: 1490 WEST 49 PLACE  
City-St-Zip: HIALEAH, FL 33012 DA

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: SONIA MARTINEZ

P

09/28/2010

Electronic Signature of Signing Officer or Director

Date