

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000043787

**FILED**  
**Sep 26, 2011**  
**Secretary of State**

**Entity Name:** MALIBU LOVE AND CARE HEALTHCARE AGENCY, INC.

**Current Principal Place of Business:**

6517 TAFT STREET  
STE. 220  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

1468 SOUTH PALM AVENUE  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

16000 PINES BLVD., #821493  
PEMBROKE PINES, FL 33082-9239

**New Mailing Address:**

**FEI Number:** 16-1750312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAYUNGBE, ALBERT  
2967 SW 161 AVENUE  
MIRAMAR, FL 33027 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: ALBERT MAYUNGBE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JAIPAUL, ELMINA  
Address: 16000 PINES BLVD., #821493  
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: VP  
Name: NICHOLAS, ROSEMARIE  
Address: 16000 PINES BLVD., #821493  
City-St-Zip: PEMBROKE PINES, FL 33082-9239

Title: SEC  
Name: PARRAM, GINO  
Address: 16000 PINES BLVD., #821493  
City-St-Zip: PEMBROKE PINES, FL 33082-9239

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: ROSEMARIE NICHOLAS

MS

09/26/2011

Electronic Signature of Signing Officer or Director

Date