



2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000044938 1. Entity Name AMERICARE HOME HEALTH AGENCY, INC.						FILED 2008 DEC 16 AM 11:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business 5545 SW 8TH STREET SUITE 105 MIAMI, FL 33134				Mailing Address 5545 SW 8TH STREET SUITE 105 MIAMI, FL 33134																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. REF Number 04-3851473				Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 REINSTATEMENT 12152008 REIN-P CR2E08 1107																											
6. Name and Address of Current Registered Agent BARCELO, DIXAN 5545 SW 8TH STREET SUITE 105 MIAMI, FL 33134																															
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PS</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARCELO, DIXAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5545 SW 8TH STREET, SUITE 105</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33134</td> <td></td> </tr> </table>				TITLE	PS	<input type="checkbox"/> Delete	NAME	BARCELO, DIXAN		STREET ADDRESS	5545 SW 8TH STREET, SUITE 105		CITY-ST-ZIP	MIAMI, FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																															
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															
<small>Date Daytime Phone #</small>																															