

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 09, 2007  
Secretary of State**

DOCUMENT# P06000070528

Entity Name: A & R HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

4355 WEST 16TH AVENUE  
201  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4355 WEST 16TH AVENUE  
201  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 20-4909467      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FALCON, ROBERTO JR  
602 SW 102 AVE  
MIAMI, FL 33174      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: ROBERTO FALCON

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: P ( ) Delete  
Name: FALCON, ROBERTO  
Address: 602 SW 102 AVE  
City-St-Zip: MIAMI, FL 33174

Title: VP ( ) Delete  
Name: MORALES, ANTONIO  
Address: 3770 NE 171 ST APT 604  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ROBERTO FALCON

Electronic Signature of Signing Officer or Director

P

10/09/2007

Date