2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000080623

1. Entity Name
ONE CALL HOMECARE NURSING REGISTRY INC.

FILED
07 OCT -9 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2385 NW EXECUTIVE DR. SUITE 100 BOCA RATON, FL 33431	2385 NW EXECUTIVE DR. SUITE 100 BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6640 PATIO LANE	6640 PATIO LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33433 Country: USA	Zip: 33433 Country: USA

10022007 REINS CRZE098 (1/07)

REINSTATEMENT

4. FEI Number: 20-5057656 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAFRON, WILLIAM L 7700 CONGRESS AVENUE SUITE 2102 BOCA RATON, FL 33487	Name: Street Address (P.O. Box Number is Not Acceptable): 6640 PATIO LANE City: BOCA RATON FL Zip Code: 33433

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: 10/5/07
Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	SAFRON, WILLIAM L	NAME	
STREET ADDRESS	7700 CONGRESS AVENUE #2102	STREET ADDRESS	6640 PATIO LANE
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	200110527412
CITY-ST-ZIP		CITY-ST-ZIP	10/09/07--01023--019 **150.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 10/5/07 1561-716-1055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell OCT 9 2007