

P060000084796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

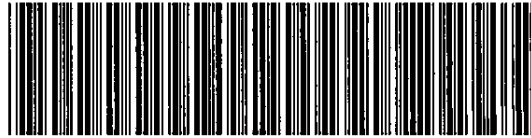
(Business Entity Name)

(Document Number)

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COVER LETTER
(Amendment)

**TO: Amendment Section
Division of Corporations**

<input type="checkbox"/>	Street Address:	OR	<input type="checkbox"/>	Mailing Address
	Amendment Section			Amendment Section
	Division Corporations			Division of Corporations
	2661 Executive Center Circle			P.O. Box 6327
	Tallahassee, Florida 32301			Tallahassee, Florida 32314

SUBJECT: MOUNT SINAI HOME HEALTH CARE, INC. _____
(Name of Corporation)

DOCUMENT NUMBER: P06000084796 _____

The enclosed *Change of Registered Agent/Office* for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Law Office of Feliu Maurrasse, P.A.
706 South Dixie Highway, Suite 110
Coral Gables, Florida 33146

For further information concerning this matter, please call:

Law Office of Feliu Maurrasse P.A.
305-668-7088
Ask for: Margarita Candelo

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Thank you.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MOUNT SINAI HOME HEALTH CARE, INC. _____
2. The principal office address: 14505 Commerce Way, Suite #514 Miami Lakes, Florida 33014 _____
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6/21/2006 Document number: P06000084796 _____
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Yeny De Erbiti at 8100 West 18th Lane Hialeah, Florida 33014 _____
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Feliu Maurrasse P.A. at 706 South Dixie Highway Suite 110 Coral Gables, Florida 33146 _____

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Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Yeny De Erbiti
(Signature of an officer or director)

Yeny de Erbiti - Director
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

11-17-2006
(Date)

If signing on behalf of an entity:

Maria V. Feliu Maurrasse
(Typed or printed name)