

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000090168

1. Entity Name
HEAD, HANDS, HEART HEALTHCARE SERVICES INC.



FILED

2007 NOV 28 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1790 WEST 49TH ST.
SUITE #400-4
HIALEAH, FL 33012

Mailing Address
1790 WEST 49TH ST.
SUITE #400-4
HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



11-14-07 01011 014 \$35.00
11162007 REIN-P CR2E098 (1/07)
REINSTATEMENT

4. FEI Number

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

AGUILERA, YASMINI
1790 WEST 49 ST.
SUITE 211
HIALEAH, FL 33011

Name MICHELLE GONZALES-LARREA

Street Address (P.O. Box Number is Not Acceptable)

1790 W 49ST SUITE 211

City HIALEAH

FL

Zip Code 33012

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/16/07

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 PD
NAME LARREA, ADOLFO ☒ Delete
STREET ADDRESS 1790 WEST 49TH ST., SUITE #400-4
CITY-ST-ZIP HIALEAH, FL 33012

TITLE P.
NAME YASMINI AGUILERA ☐ Change ☒ Addition
STREET ADDRESS 1790 WEST 49ST SUITE 211
CITY-ST-ZIP HIALEAH, FL 33012

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MICHELLE GONZALES-LARREA ☐ Change ☒ Addition
STREET ADDRESS 1790 WEST 49ST SUITE 211
CITY-ST-ZIP HIALEAH, FL 33012

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME 500112814045
STREET ADDRESS 12/04/07--01029--004 **115.00
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/07

Date

Daytime Phone #

B. Mitchell NOV 28 2007