

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000091107	
1. Entity Name DGR HOME HEALTH INC.	



FILED

08 FEB 19 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 6741 SW 24 ST SUITE 16 MIAMI, FL 33155	Mailing Address 6741 SW 24 ST SUITE 16 MIAMI, FL 33155
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. 7184 S.W. 47 St.	Suite, Apt. #, etc. 7184 SW 47 St
City & State Miami, Florida	City & State Miami Florida
Zip 33155	Country U.S.

REINSTATEMENT 07-08

6. Name and Address of Current Registered Agent GARCIA, LAZARO F 6741 SW 24 ST SUITE 16 MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Lazaro Garcia Street Address (P.O. Box Number is Not Acceptable) 7184 SW 47 St City Miami FL Zip Code 33155	
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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]* DATE: 02/12/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, LAZARO F 6741 SW 24 ST SUITE 16 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lazaro F Garcia 7184 SW 47 St. Miami FL. 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMOS, LAZARO B 6741 SW 24 ST SUITE 16 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lazaro B Ramos 7184 SW 47 St. Miami FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, RAFAEL J 6741 SW 24 ST SUITE 16 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rafael Diaz 7184 SW 47 St. Miami FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: 02/12/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7C 2/21