

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000096367

**FILED**  
**May 07, 2010**  
**Secretary of State**

**Entity Name:** BIG LAKE HOME HEALTH SERVICES OF GLADE COUNTY, INC.

**Current Principal Place of Business:**

7 BUCKHEAD RIDGE ROAD  
OKEECHOBEE, FL 34974 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 448  
OKEECHOBEE, FL 34973 US

**New Mailing Address:**

**FEI Number:** 20-5283041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOORUDDIN, SHAHNEZ  
7 BUCKHEAD RIDGE ROAD  
OKEECHOBEE, FL 34974 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:** SAEED KHAN

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  
**Name:** KHAN, SAEED  
**Address:** P.O. BOX 448  
**City-St-Zip:** OKEECHOBEE, FL 34973

**Title:** VP,S  
**Name:** NOORUDDIN, SHAHNAZ  
**Address:** P.O. BOX 448  
**City-St-Zip:** OKEECHOBEE, FL 34973

I hereby 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 all other like empowered.

**SIGNATURE:** SAAEED KHAN

P

05/07/2010

Electronic Signature of Signing Officer or Director

Date