2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 25, 2007
Secretary of State

DOCUMENT# P06000098479

Entity Name: N.D. HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

1379 WEST 69TH ST.
HIALEAH, FL 33014

New Principal Place of Business:

1490 WEST 49TH PLACE
SUITE 315
HIALEAH, FL 33012

Current Mailing Address:

1379 WEST 69TH ST.
HIALEAH, FL 33014

New Mailing Address:

1490 WEST 49TH PLACE
SUITE 315
HIALEAH, FL 33012

FEI Number: 20-5294375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRIAL, NORMA
1379 WEST 69TH ST.
HIALEAH, FL 33014 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: NORMA BARRIAL
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: DP ( ) Delete
Name: BARRIAL, NORMA
Address: 1379 WEST 69TH ST.
City-St-Zip: HIALEAH, FL 33014

Title: VD ( ) Delete
Name: LOZADA, DARLENE
Address: 1379 WEST 69TH ST.
City-St-Zip: HIALEAH, FL 33014

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change ( ) Addition
Name: LOZADA, DARLENE
Address: 1379 WEST 69TH ST.
City-St-Zip: HIALEAH, FL 33014

Title: SD ( ) Change (X) Addition
Name: TORRES, LAZARO
Address: 4970 NW 179TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORMA BARRIAL P 09/25/2007
Electronic Signature of Signing Officer or Director — Date