

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000100201

**FILED**  
**Oct 12, 2007**  
**Secretary of State**

**Entity Name:** UNITED STATES HOME CARE SERVICES, INC.

**Current Principal Place of Business:**

10933 W. OKEECHOBEE ROAD, APT 102  
HIALEAH, FL 33018

**New Principal Place of Business:**

11117 W. OKEECHOBEE ROAD  
SUITE #211  
HIALEAH GARDENS, FL 33018 US

**Current Mailing Address:**

10933 W. OKEECHOBEE ROAD, APT 102  
HIALEAH, FL 33018

**New Mailing Address:**

11117 W. OKEECHOBEE ROAD  
SUITE #211  
HIALEAH, FL 33018 US

**FEI Number:** 20-5385095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOPEZ, OLGA  
10933 W. OKEECHOBEE ROAD, APT 102  
HIALEAH, FL 33018 US

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

CARDET, MARITZA  
11117 W. OKEECHOBEE ROAD  
SUITE #211  
HIALEAH GARDENS, FL 33018 US

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: MARITZA CARDET

10/12/2007

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 ( ) Delete  
Name: LOPEZ, OLGA  
Address: 10933 W. OKEECHOBEE ROAD, APT 102  
City-St-Zip: HIALEAH, FL 33018

Title: ST ( ) Delete  
Name: CARDET, MARITZA  
Address: 261 WEST 33RD STREET  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LOPEZ, OLGA  
Address: 11117 W. OKEECHOBEE ROAD, SUITE #211  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: ST (X) Change ( ) Addition  
Name: CARDET, MARITZA  
Address: 11117 WEST OKEECHOBEE ROAD, STE #211  
City-St-Zip: HIALEAH GARDENS, FL 33018

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: OLGA LOPEZ

P

10/12/2007

Electronic Signature of Signing Officer or Director

Date