2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 11, 2011
Secretary of State

DOCUMENT# P06000144430

Entity Name: OPTIONS HOME HEALTH OF NORTH FLORIDA, INC

Current Principal Place of Business:

3959 S NOVA RD
SUITE 34
PORT ORANGE, FL 32127

New Principal Place of Business:

6330 SOUTHWEST 41ST COURT
DAVIE, FL 33314

Current Mailing Address:

3959 S NOVA RD
SUITE 34
PORT ORANGE, FL 32127

New Mailing Address:

6330 SOUTHWEST 41ST COURT
DAVIE, FL 33314

FEI Number: 20-5904587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOODE, LOWELL M
6330 SW 41 COURT
DAVIE, FL 33314 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: LOWELL GOODE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: GOODE, JOSHUA M
Address: 309 HILLSBORO ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V
Name: VIRGO, BRIAN D
Address: 4026 ROCKS POINT PL
City-St-Zip: W. PALM BEACH, FL 33401

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: JOSHUA M GOODE P 05/11/2011

Electronic Signature of Signing Officer or Director — Date