2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 22, 2009
Secretary of State

DOCUMENT# P06000144970

Entity Name: E.N. HOME HEALTH CARE, INC.

Current Principal Place of Business:

18740 SW 319 TERRACE
HOMESTEAD, FL 33030

New Principal Place of Business:

16901 SW 297 ST
HOMESTEAD, FL 33030

Current Mailing Address:

18740 SW 319 TERRACE
HOMESTEAD, FL 33030

New Mailing Address:

16901 SW 297 ST
HOMESTEAD, FL 33030

FEI Number: 20-5901603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPOLES, EDDEY E
18740 SW 319 TERRACE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

NAPOLES, EDDEY E
16901 SW 297 ST
HOMESTEAD, FL 33030 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: EDDEY E NAPOLES 09/22/2009
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: NAPOLES, EDDEY E
Address: 18740 SW 319 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

Title: VP ( ) Delete
Name: NAPOLES, EDDEY E
Address: 18740 SW 319 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NAPOLES, EDDEY E
Address: 16901 SW 297 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Change ( ) Addition
Name: NAPOLES, LUZ M
Address: 16901 SW 297 ST
City-St-Zip: HOMESTEAD, FL 33030

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: EDDEY E NAPOLES P 09/22/2009
Electronic Signature of Signing Officer or Director Date