

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000148307

FILED
Dec 11, 2009
Secretary of State

Entity Name: MDC HOME HEALTH CARE, CORP.

Current Principal Place of Business:

15715 SO DIXIE HWY
STE #205
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

15715 SO DIXIE HWY
STE #205
PALMETTO BAY, FL 33157 US

New Mailing Address:

FEI Number: 20-5956947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRA, RODOLFO
14855 SW 159 CT
MIAMI, FL 33196 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: RODOLFO CARRA

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/D () Delete
Name: CARRA, RODOLFO
Address: 14855 SW 159 CT
City-St-Zip: MIAMI, FL 33196 US

Title: VP () Delete
Name: SANTIAGO, MYRIAM
Address: 14855 SW 159 CT
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: RODOLFO CARRA

P

12/11/2009

Electronic Signature of Signing Officer or Director

Date