2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# P07000013123

Entity Name: LOVE CARE HOME HEALTH, CORP.

Current Principal Place of Business:

939-B SW 87TH AVE
MIAMI, FL 33174

New Principal Place of Business:

2901 SW 20 STREET
MIAMI, FL 33145 US

Current Mailing Address:

939-B SW 87TH AVE
MIAMI, FL 33174

New Mailing Address:

2901 SW 20 STREET
MIAMI, FL 33145 US

FEI Number: 02-0798362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

IGLESIAS, MARISELA
1761 SW 11TH STREET
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

VEGA, IRMA
2901 SW 20 STREET
MIAMI, FL 33145 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: IRMA VEGA 03/16/2009
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: PT ( ) Delete
Name: DIAZ, MAYDELL
Address: 1301 SW SALZEDO STREET APT 3
City-St-Zip: CORAL GABLES, FL 33134

Title: VS (X) Delete
Name: VEGA, IRMA
Address: 2901 SW 20TH SREET
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: VEGA, IRMA
Address: 2901 SW 20 STREET
City-St-Zip: MIAMI, FL 33145 US

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: IRMA VEGA PD 03/16/2009
Electronic Signature of Signing Officer or Director Date