

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 30, 2008  
Secretary of State**

DOCUMENT# P07000026001

Entity Name: STM HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

4545 NW 7TH ST STE 13  
MIAMI, FL 33126

**New Principal Place of Business:**

4545 NW 7TH ST  
STE 13  
MIAMI, FL 33126

**Current Mailing Address:**

4545 NW 7TH ST STE 13  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

FERNANDEZ, RITA G  
4545 NW 7TH ST STE 13  
MIAMI, FL 33126    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: JENNIFER TOLEDO

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:                      DP                      ( ) Delete  
Name:                      FERNANDEZ, RITA G  
Address:                      4545 NW 7TH ST STE 13  
City-St-Zip:                      MIAMI, FL 33126

Title:                      DV                      ( ) Delete  
Name:                      TOLEDO, JENNIFER  
Address:                      4545 NW 7TH ST STE 13  
City-St-Zip:                      MIAMI, FL 33126

**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: JENNIFER TOLEDO

DV

10/30/2008

Electronic Signature of Signing Officer or Director

Date