

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000037744

**FILED**  
**Dec 21, 2011**  
**Secretary of State**

**Entity Name:** NOVA HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

432 W 29TH STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

432 W 29TH STREET  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 20-8701458

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PEREZ, MARYBEL  
16710 NW 39 CT  
OPA LOCKA, FL 33055 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:** MARYBEL PEREZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** PEREZ, MARYBEL  
**Address:** 16710 NW 39 CT  
**City-St-Zip:** OPA LOCKA, FL 33055

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:** MARYBEL PEREZ

P

12/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date