

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000070945

Entity Name: FIRST HOLISTIC HOME HEALTH, INC

FILED  
Oct 31, 2008  
Secretary of State

## Current Principal Place of Business:

9299 NW 32 CT-RD  
MIAMI, FL 33147

## New Principal Place of Business:

6447 MIAMI LAKES DRIVE EAST  
SUITE# 200 H  
MIAMI LAKES, FL 33014

## Current Mailing Address:

9299 NW 32 CT-RD  
MIAMI, FL 33147

## New Mailing Address:

6447 MIAMI LAKES DRIVE EAST  
SUITE# 200 H  
MIAMI LAKES, FL 33014

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

## Name and Address of Current Registered Agent:

ECHARRI, DEILYS  
1475 W 38 PL  
201  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

ECHARRI, DEILYS  
1328 W 83 ST  
HIALEAH, FL 33014 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: DEILYS ECHARRI

10/31/2008

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: ECHARRI, DEILYS  
Address: 1475 W 38 PL, APT 201  
City-St-Zip: HAILEAH, FL 33012

Title: VP ( ) Delete  
Name: BALLARON, GREGORIO  
Address: 5740 NW 194 TERR  
City-St-Zip: MIAMI GARDENS, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: PENA, ROBERTO  
Address: 13548 SW 102 LANE  
City-St-Zip: MIAMI, FL 33186

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: DEILYS ECHARRI

PR

10/31/2008

Electronic Signature of Signing Officer or Director

Date