

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000071752

FILED  
Mar 14, 2009  
Secretary of State

**Entity Name:** GERIATRIC AND PEDIATRIC HOME HEALTHCARE INC.

**Current Principal Place of Business:**

601 HOLLY LANE  
PLANTATION, FL 33317

**New Principal Place of Business:**

6011 RODMAN STREET #211  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

601 HOLLY LANE  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 26-0393857      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SHARIEF, ROSALYN  
601 HOLLY LANE  
PLANTATION, FL 33317      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: ROSALYN SHARIEF

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: SHARIEF, ROSALYN  
Address: 601 HOLLY LANE  
City-St-Zip: PLANTATION, FL 33317

Title: DIR ( ) Delete  
Name: SHARIEF, ROSALYN  
Address: 601 HOLLY LANE  
City-St-Zip: PLANTATION, FL 33317

**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: ROSALYN SHARIEF

Electronic Signature of Signing Officer or Director

DIR

03/14/2009

Date