

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000088940

FILED  
Oct 01, 2008  
Secretary of State

Entity Name: ACCLAIM HOME HEALTHCARE, INC.

## Current Principal Place of Business:

10300 SW 72 STREET  
SUITE 303  
MIAMI, FL 33173

## New Principal Place of Business:

## Current Mailing Address:

10300 SW 72 STREET  
SUITE 303  
MIAMI, FL 33173

## 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:

OLIVERA, ORELVIS  
7713 SW 88 ST  
APT A101  
MIAMI, FL 33156 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: ORELVIS OLIVERA

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: VP ( ) Delete  
Name: AGUILERA, CONRADO R  
Address: 7713 SW 88 ST, APT. A101  
City-St-Zip: MIAMI, FL 33156

Title: P ( ) Delete  
Name: OLIVERA, ORELVIS  
Address: 7713 SW 88 ST, APT A101  
City-St-Zip: MIAMI, FL 33156

Title: T ( ) Delete  
Name: MANZITTI, GABRIELA F  
Address: 7713 SW 88 ST, APT A101  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ORELVIS OLIVERA

P

10/01/2008

Electronic Signature of Signing Officer or Director

Date