

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000097547

FILED
Jan 15, 2009
Secretary of State

Entity Name: DORAL HOME HEALTH CARE CORP.

Current Principal Place of Business:

8181 N.W. 36 ST
SUITE AD
MIAMI, FL 33172

New Principal Place of Business:

8181 NW 36 ST
SUITE AD
MIAMI, FL 33172

Current Mailing Address:

8181 N.W. 36 ST
SUITE AD
MIAMI, FL 33172

New Mailing Address:

8181 NW 36 ST
SUITE AD
MIAMI, FL 33172

FEI Number: 26-0832528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ILEANA M
8181 NW 36 ST
SUITE AD
MIAMI, FL 33172 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: ILEANA M GONZALEZ

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: PSD () Delete
Name: GONZALEZ, ILEANA M
Address: 5361 NW 110 AVE
City-St-Zip: MIAMI, FL 33178

Title: TD () Delete
Name: TORRES, ENIMISIS
Address: 153 NW 61 AVE
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: ILEANA M GONZALEZ

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date