2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000104855

Entity Name: PM ADULT HOME CARE, CORP.

FILED Nov 11, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place	of Business:	
16720 NW 48 COURT MIAMI GARDENS, FL 33055			
Current Mailing Address:	New Mailing Address	5:	
16720 NW 48 COURT MIAMI GARDENS, FL 33055			
FEI Number: 36-4615985 FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
lame and Address of Current Registered Agent: Name and Address of New Registered Agent:			
PEREZ, DIANELYS 16720 NW 48 COURT MIAMI GARDENS, FL 33055 US			
The above named entity submits this statement for the purpoin the State of Florida.	ose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DIANELYS PEREZ			
Electronic Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not recellection Campaign Financing Trust Fund Contribution ().	eive the prior notice.		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PVTS () Delete Name: PEREZ, DIANELYS Address: 18813 NW 47 PLACE City-St-Zip: OPA LOCKA, FL 33055	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DIANELYS PEREZ MRS 11/11/2008