

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000044742

**FILED**  
**Oct 29, 2014**  
**Secretary of State**

**Entity Name:** COMPANIONS PLUS HOME CARE, INC.

**Current Principal Place of Business:**

10191 W. SAMPLE RD.  
SUITE 100  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

7431 WEST ATLANTIC AVENUE  
SUITE 52  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

10191 W. SAMPLE RD.  
SUITE 100  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

7431 WEST ATLANTIC AVENUE  
SUITE 52  
DELRAY BEACH, FL 33446

**FEI Number:** 26-2575281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARDER, ARLENE  
10191 W. SAMPLE RD.  
SUITE 100  
CORAL SPRINGS, FL 33065 US

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

MARDER, ARLENE  
7431 WEST ATLANTIC AVENUE  
SUITE 52  
DELRAY BEACH, FL 33446 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: ARLENE MARDER

10/29/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: MARDER, ARLENE  
Address: 7431 WEST ATLANTIC STE. 52  
City-St-Zip: DELRAY BEACH, FL 33446

Title: DVS  
Name: BERKOWITZ, AUDREY  
Address: 7431 WEST ATLANTIC AVENUE #52  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby 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 all other like empowered.

SIGNATURE: ARLENE MARDER

DPT

10/29/2014

Electronic Signature of Signing Officer or Director

Date