

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000048422

FILED
Nov 09, 2009
Secretary of State

Entity Name: COMPASSIONATE CARING HOME CARE, INC.

Current Principal Place of Business:

4141 NW 5TH STREET
15
PLANTATION, FL 33317

New Principal Place of Business:

4141 NW 5TH STREET
SUITE 100 RM 15
PLANTATION, FL 33317

Current Mailing Address:

4141 NW 5TH STREET
15
PLANTATION, FL 33317

New Mailing Address:

4141 NW 5TH STREET
SUITE 100 RM 15
PLANTATION, FL 33317

FEI Number: 26-2628994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORSHER, ALEX
2500-1 N TATE ROAD 7
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

FONTUS, MARIE
1857 SW 154TH AVE
MIRAMAR, FL 33027 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: MARIE FONTUS

11/09/2009

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: FONTUS, MARIE Y
Address: 4141 NW 5TH STREET, STE 15
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: MORALES, ANA
Address: 4141 NW 5TH STREET, STE 15
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FONTUS, MARIE Y
Address: 4141 NW 5TH STREET, STE 100, RM 15
City-St-Zip: PLANTATION, FL 33317

Title: VP (X) Change () Addition
Name: MORALES, ANA
Address: 4141 NW 5TH STREET, STE 100 RM 15
City-St-Zip: PLANTATION, FL 33317

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: MARIE FONTUS

P

11/09/2009

Electronic Signature of Signing Officer or Director

Date