

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000082971

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** OPTIMAL HOME HEALTH CARE SERVICES INC

**Current Principal Place of Business:**

15291 NW 60TH AVENUE  
STE 105  
MIAMI, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

15291 NW 60TH AVENUE  
STE 105  
MIAMI, FL 33014

**New Mailing Address:**

**FEI Number:** 26-3322174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UBEDA, ALCIRA  
15291 NW 60TH AVENUE  
STE 105  
MIAMI LAKES, FL 33014 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:** ALCIRA UBEDA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** UBEDA, ALCIRA  
**Address:** 15291 NW 60TH AVENUE  
**City-St-Zip:** MIAMI, FL 33014

**Title:** VP  
**Name:** DELOS ANGELES TORRES, WENDY  
**Address:** 15291 NW 60TH AVENUE  
**City-St-Zip:** MIAMI, FL 33014

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:** ALCIRA UBEDA

P

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date