

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000029084

**Entity Name:** J & B MOBILE HEALTHCARE, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8970 WEST PINE BLUFF STREET  
CRYSTAL RIVER, FL 34428

**New Principal Place of Business:**

10777 N AUTUMN OAK PT.  
CRYSTAL RIVER, FL 34428

**Current Mailing Address:**

8970 WEST PINE BLUFF STREET  
CRYSTAL RIVER, FL 34428

**New Mailing Address:**

10777 N AUTUMN OAK PT.  
CRYSTAL RIVER, FL 34428

**FEI Number:** 26-4577415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, BARBARA  
8970 WEST PINE BLUFF STREET  
CRYSTAL RIVER, FL 34428 US

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

MILLER, BARBARA  
10777 N AUTUMN OAK PT  
CRYSTAL RIVER, FL 34428 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: BARBARA MILLER

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: MILLER, BARBARA  
Address: 10777 N AUTUMN OAK PT  
City-St-Zip: CRYSTAL RIVER, FL 34428

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: BARBARA MILLER

P, D

04/27/2011

Electronic Signature of Signing Officer or Director

Date