

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09000034923

FILED
Oct 07, 2010
Secretary of State

Entity Name: HORIZONS PATIENT CARE INC

Current Principal Place of Business:

3939 NW 7 ST., STE 206
MIAMI, FL 33126

New Principal Place of Business:

3939 NW 7 ST
206
MIAMI, FL 33126

Current Mailing Address:

3939 NW 7 ST., STE 206
MIAMI, FL 33126

New Mailing Address:

FEI Number: 26-4709940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMERO, RAUL I
3939 NW 7 ST., STE 206
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

VEGA ORTIZ, ISMAEL
3939 NW 7 ST., STE 206
MIAMI, FL 33126 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: RAUL INDA ROMERO

10/07/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: VEGA-ORTIZ, ISMAEL
Address: 3939 NW 7 ST., STE 206
City-St-Zip: MIAMI, FL 33126

Title: PVP
Name: VEGA-ORTIZ, ISMAEL
Address: 3939 NW 7 ST., STE 206
City-St-Zip: MIAMI, FL 33126

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: RAUL INDA ROMERO

RA

10/07/2010

Electronic Signature of Signing Officer or Director

Date