

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000059315

**FILED**  
**Nov 05, 2010**  
**Secretary of State**

**Entity Name:** NURSING CHARLOTTE HOME HEALTH CARE INC

**Current Principal Place of Business:**

23486 NELSON AVE  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

3695 TAMIAMI TRL  
F  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

23486 NELSON AVE  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

3695 TAMIAMI TRL  
F  
PORT CHARLOTTE, FL 33952

**FEI Number:** 27-0565763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CINTRA, LINO M  
23486 NELSON AVE  
PORT CHARLOTTE, FL 33954 US

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

RAMOS, LAZARO  
3695 TAMIAMI TRL  
PORT CHARLOTTE, FL 33952 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:** LAZARO RAMOS

11/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RAMOS, LAZARO  
**Address:** 3695 TAMIAMI TRL  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** V  
**Name:** DIAZ, RAFAEL  
**Address:** 3695 TAMIAMI TRL  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** T  
**Name:** CINTRA, LINO M  
**Address:** 3695 TAMIAMI TRL  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** S  
**Name:** FAURA, MANUEL  
**Address:** 3695 TAMIAMI TRL  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

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:** LAZARO RAMOS

P

11/05/2010

Electronic Signature of Signing Officer or Director

Date