

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P11000058059

FILED
Nov 14, 2014
Secretary of State

Entity Name: ACCREDITED HOME HEALTH CARE OF BROWARD, INC.

Current Principal Place of Business:

12555 ORANGE DR.
SUITE 115
DAVIE, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

12555 ORANGE DR.
SUITE 115
DAVIE, FL 33330 US

New Mailing Address:

FEI Number: 45-2594868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE FLEURY, FLEURY A
12555 ORANGE DRIVE
SUITE 115
DAVIE, FL 33330 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: FLEURY FLEURY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS
Name: DE FLEURY, FLEURY A
Address: 7101 WEST COMMERCIAL BLVD., STE 4-D
City-St-Zip: TAMARAC, FL 33319

Title: VPD
Name: FLETCHER, GEORGE
Address: 7101 WEST COMMERCIAL BLVD., STE 4-D
City-St-Zip: TAMARAC, FL 33319

Title: VP
Name: SCHIANO, ANTHONY III
Address: 7101 W COMMERCIAL BOULEVARD, SUITE 4-D
City-St-Zip: TAMARAC, FL 33319 US

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: FLEURY FLEURY

PRES

11/14/2014

Electronic Signature of Signing Officer or Director

Date