

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000091436

**FILED**  
**Feb 07, 2013**  
**Secretary of State**

**Entity Name:** STATE 27 HOSPICE CARE, INC.

**Current Principal Place of Business:**

3970 WEST FLAGLER STREET  
SUITE 103 A  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

3970 WEST FLAGLER STREET  
SUITE 103 A  
MIAMI, FL 33134

**New Mailing Address:**

3990 WEST FLAGLER STREET  
SUITE 103  
MIAMI, FL 33134

**FEI Number:** 45-3686593

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAYETTA, GILDA  
3970 WEST FLAGLER STREET  
SUITE 103 A  
MIAMI, FL 33134 US

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

OBESO, FERNANDO  
3990 WEST FLAGLER STREET  
SUITE 103  
MIAMI, FL 33134 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:** FERNANDO J. OBESO

02/07/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** OBESO, FERNANDO  
**Address:** 3990 WEST FLAGLER STREET #103  
**City-St-Zip:** MIAMI, FL 33134

**Title:** D  
**Name:** MAYETA, GILDA  
**Address:** 3970 WEST FLAGLER STREET #103 A  
**City-St-Zip:** MIAMI, FL 33134

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:** FERNANDO J. OBESO

P

02/07/2013

Electronic Signature of Signing Officer or Director

Date