2014 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2014
Secretary of State

DOCUMENT# P12000045577

Entity Name: PRO-HEALTH NURSING SERVICES OF DADE, INC

Current Principal Place of Business:

99 NW 183RD STREET
138
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

9700 STIRLING ROAD
105B
COOPER CITY, FL 33026

New Mailing Address:

2231 N UNIVERSITY DR
SUITE C
PEMBROKE PINES, FL 33024

FEI Number: 45-5288518 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTY, CECELIA D
9700 STIRLING ROAD
105B
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

HARTY, CECELIA D
2241 N UNIVERSITY DRIVE
SUITE C
PEMBROKE PINES, FL 33024 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: CECELIA D HARTY 10/15/2014
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: HARTY, CECELIA D
Address: 2231 N UNIVERSITY DR SUITE C
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD
Name: HARTY, CECELIA D
Address: 2231 N UNIVERSITY DR SUITE C
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD
Name: HARTY, CECELIA D
Address: 2231 N UNIVERSITY DR SUITE C
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD
Name: HARTY, CECELIA D
Address: 2231 N UNIVERSITY DR SUITE C
City-St-Zip: PEMBROKE PINES, FL 33024

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: CECELIA D HARTY PRES 10/15/2014
Electronic Signature of Signing Officer or Director Date