

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000050243

**Entity Name:** RED STAR HEALTH CARE INC

**FILED**  
**Apr 01, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

31149 CHATTERLY DR  
WESWLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

31149 CHATTERLY DR  
WESWLEY CHAPEL, FL 33543

**New Mailing Address:**

**FEI Number:** 45-5389426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESPINAL, MIGUEL A  
31149 CHATTERLY DR  
WESLEY CHAPEL, FL 33543 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:** MIGUEL ESPINAL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ESPINAL, MIGUEL A  
**Address:** 31149 CHATTERLY DR  
**City-St-Zip:** WESLEY CHAPEL, FL 33543

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:** MIGUEL ESPINAL

P

04/01/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date