

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000091149

**FILED**  
**Oct 09, 2014**  
**Secretary of State**

**Entity Name:** ALLEGIANCE HOME HEALTH INC

**Current Principal Place of Business:**

1700 SOUTHWEST 12TH AVE  
UNIT B  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1700 SOUTHWEST 12TH AVE  
UNIT B  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 46-4057362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 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:** JESSICA MORALES

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MARTIN, JOSEPH LOUIS III  
**Address:** 1700 SOUTHWEST 12TH AVE, UNIT B  
**City-St-Zip:** BOCA RATON, FL 33486

**Title:** D  
**Name:** INGUANZO-MARTIN, ROSELIA  
**Address:** 1700 SOUTHWEST 12TH AVE, UNIT B  
**City-St-Zip:** BOCA RATON, FL 33486

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:** JOSEPH MARTIN

D

10/09/2014

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

\_\_\_\_\_  
Date