


**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P40669</b> 1. Entity Name <b>UTOPIA HOME CARE, INC.</b></div><div style="text-align: center;"></div></div>		<b>Secretary of S</b>																																									
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business <b>215 SECOND AVE. N. SAINT PETERSBURG, FL 33701    US</b></div><div>Mailing Address <b>60 EAST MAIN STREET KING PARK, NY 11754</b></div></div>		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between;"><span>01292007</span><span>No Chg-P</span><span>CR2E034 (11/05)</span></div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number <b>11-2635043</b></div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div>5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75</b> Additional Fee Required</div>																																									
DO NOT WRITE IN THIS SPACE																																											
<b>6. Name and Address of Current Registered Agent</b>  <b>SHEAR, ROBERT L. 2605 ENTERPRISE ROAD EAST., #110 CLEARWATER, FL 34619</b>		DO NOT WRITE IN THIS SPACE																																									
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>																																											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																									
<b>10. OFFICERS AND DIRECTORS</b>		<div style="text-align: center;"> <b>03/14/07-80008-011 150.00</b></div> <div style="text-align: center; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>																																									
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">TITLE</td><td>CP</td></tr><tr><td>NAME</td><td>MARTINEZ, MANUEL F.</td></tr><tr><td>STREET ADDRESS</td><td>60 EAST MAIN STREET</td></tr><tr><td>CITY- ST- ZIP</td><td>KINGS PARK, NY</td></tr><tr><td>TITLE</td><td>V</td></tr><tr><td>NAME</td><td>MARTINEZ, MANUEL G.</td></tr><tr><td>STREET ADDRESS</td><td>60 EAST MAIN STREET</td></tr><tr><td>CITY- ST- ZIP</td><td>KINGS PARK, NY</td></tr><tr><td>TITLE</td><td>ST</td></tr><tr><td>NAME</td><td>MARTINEZ, ANGELINA</td></tr><tr><td>STREET ADDRESS</td><td>60 EAST MAIN STREET</td></tr><tr><td>CITY- ST- ZIP</td><td>KINGS PARK, NY</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	CP	NAME	MARTINEZ, MANUEL F.	STREET ADDRESS	60 EAST MAIN STREET	CITY- ST- ZIP	KINGS PARK, NY	TITLE	V	NAME	MARTINEZ, MANUEL G.	STREET ADDRESS	60 EAST MAIN STREET	CITY- ST- ZIP	KINGS PARK, NY	TITLE	ST	NAME	MARTINEZ, ANGELINA	STREET ADDRESS	60 EAST MAIN STREET	CITY- ST- ZIP	KINGS PARK, NY	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP			
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>																																											
<b>SIGNATURE:</b> 		<div style="display: flex; justify-content: space-between;"><span><b>2/27/07</b></span><span><b>631 544-6005</b></span></div> <div style="display: flex; justify-content: space-between;"><span><small>Date</small></span><span><small>Daytime Phone #</small></span></div>																																									
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