

**Berger
Davis &
Singerman**
Professional Association

100 N.E. Third Avenue Suite 400
Fort Lauderdale, Florida 33301

City/State/Zip

Phone #

P94000002699

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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05/18/97 01059--016
***35.00 ***35.00

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3868
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N/C
6-7-2-97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 25, 1997

BERGER DAVIS & SINGERMANN
% ROBIN GOLDSTON
100 N.E. THIRD AVE., SUITE 400
FT. LAUDERDALE, FL 33301

SUBJECT: ALL HEALTH SERVICES INC.
Ref. Number: P94000002699

We have received your document for ALL HEALTH SERVICES INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 297A00033636

Val # for Ringgold
200002215692-9
6-18-97-01057-017
\$ 1080.00

ARTICLES OF AMENDMENT
OF
ALL HEALTH SERVICES INC.

1. The name of the Corporation is All Health Services Inc.
2. Article I, "NAME," of the Articles of Incorporation of the Corporation is hereby amended to read as follows:

"ARTICLE I. NAME

The name of the corporation shall be:

ELDACARE, INC."

3. The foregoing amendment was adopted by all of the Directors and Shareholders of the Corporation eligible to vote by a Written Consent signed by them on May 27, 1997, manifesting their intention that these amendments to the Articles of Incorporation be adopted, pursuant to Section 607.1003, Florida Statutes.

4. There is only one voting group entitled to vote on the foregoing amendment. The number of votes cast for said amendment by said voting group was sufficient for approval by that voting group.

IN WITNESS WHEREOF, the undersigned, as President of the Corporation, has executed these Articles of Amendment this 27th day of May, 1997.



RALPH ROSENBERG, President

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

P9400002699

DOCUMENT # P9400002699

1 Corporation Name

ALL HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

2929 E. COMMERCIAL BOULEVARD, #306
FORT LAUDERDALE, FL 33308

STATEMENT 95-97

If above addresses are incorrect in any way line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified To Do Business in Florida

01/12/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

65-0522869

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D, P	ROSENBERG, RALPH	2929 E. COMMERCIAL BLVD. #306	FORT LAUDERDALE, FL 33308
D, V, S, T	GUTHRIE, WILLIAM	2929 E. COMMERCIAL BLVD. #306	FORT LAUDERDALE, FL 33308

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***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEONARD K. SAMUELS
BERGER DAVIS & SINGERMAN
100 N.E. 3RD AVENUE, #400
FORT LAUDERDALE, FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

6/30/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

RALPH ROSENBERG, PRESIDENT

(954) 938-3770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/27/97

CR2E040 (12-8-6)