

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000030647

**FILED**  
**Oct 02, 2011**  
**Secretary of State**

**Entity Name:** MORNINGSTAR HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

265 SW 14 CT  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

12206 FOREST GREENS DR  
BOYNTON BEACH, FL 33437 US

**Current Mailing Address:**

265 SW 14 CT  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

12206 FOREST GREENS DR  
BOYNTON BEACH, FL 33437 US

**FEI Number:** 65-0660505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARON, DEBORAH  
265 SW 14 CT  
POMPANO BEACH, FL 33060 US

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

CARON, DEBORAH  
12206 FOREST GREENS DR  
BOYNTON BEACH, FL 33437 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: DEBORAH CARON

10/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARON, DEBORAH  
Address: 1235 NE 17TH WAY  
City-St-Zip: FT LAUDERDALE, FL 33304

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: DEBORAH CARON

PRES

10/02/2011

Electronic Signature of Signing Officer or Director

Date