

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -6 AM 9:18

DOCUMENT # P99000096659		
1. Entity Name ULTIMATE CARE SUPPORTS, INC.		

Principal Place of Business 12350 SW 132 COURT SUITE 112 MIAMI, FL 33186	Mailing Address 12350 SW 132 COURT SUITE 112 MIAMI, FL 33186
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2. Principal Place of Business - No P.O. Box # 13145 SW 107 TER	3. Mailing Address 13145 SW 107 TER
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33186	Zip 33186
Country U.S.A.	Country U.S.A.



10282008 REIN-P CR2E098 (1/07)

4. FEI Number 65-0960251	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEO, CHANTAL C 12350 SW 132 COURT SUITE 112 MIAMI, FL 33186

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.	
SIGNATURE: <i>Chantal C MEO</i>	DATE: 4/29/09
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEO, CHANTAL C (P) ☐ Delete 12350 SW 132 COURT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARLINE CASIMIR ☐ Change ☒ Addition 17851 SW 137CT (VP) MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400155554574 05/06/09--01039--014 ***908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.	
SIGNATURE: <i>Chantal C MEO</i>	DATE: 4/29/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Carline Cosimir (VP)	
DATE: 4/29/09 DAYTIME PHONE #: 305-608-3687	

REINSTATEMENT