
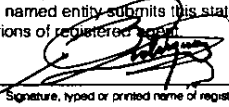



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # S53789</b> 1. Entity Name <b>SUKY HEALTH CARE SERVICES, INC.</b>						FILED 06 OCT -5 11 0:29	
Principal Place of Business 2350 S.W. 8 ST. MIAMI, FL 33135				Mailing Address 2350 S.W. 8 ST. MIAMI, FL 33135			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-0266171</b>				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, BERTA A.</b> <b>2350 S.W. 8 ST. SUITE 202</b> <b>MIAMI, FL 33135</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) DATE <b>10/04/06</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>RODRIGUEZ, BERTA A.</b>			TITLE <b>200080500212</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10/05/06--01044--009 **158.75</b>		
NAME <b>RODRIGUEZ, BERTA A.</b>	STREET ADDRESS <b>4635 S.W. 95TH AVE.</b>			CITY-ST-ZIP <b>MIAMI, FL 331655859</b>	CITY-ST-ZIP		
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>DE JESUS TORRES, TERESA</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>DE JESUS TORRES, TERESA</b>	STREET ADDRESS <b>4635 S.W. 95TH AVE.</b>			CITY-ST-ZIP			
CITY-ST-ZIP <b>MIAMI, FL 331655859</b>	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>10/04/06</b>			
Daytime Phone #				B. Mitchell OCT 5 2006			