

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 447970

**FILED
Feb 16, 2009
Secretary of State**

Entity Name: ALL MEDICARE HOME AIDS, INC.

Current Principal Place of Business:

3400 SW 26 TERR
A2
FT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3400 SW 26 TERR
A2
FT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 59-1520227 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEVEY, LEWIS J E
1320 SOUTH DIXIE HIGHWAY
PENTHOUSE 1275
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVEY, HARRY,
Address: 3400 SW 26 TERR A2
City-St-Zip: FT LAUDERDALE, FL 33312

Title: S () Delete
Name: MEKRAS, GEORGE
Address: 434 INDIES DR
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HARRY LEVEY

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date