

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005860

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: HELP AT HOME HEALTH CARE SERVICE, INC.

**Current Principal Place of Business:**

10808 AVENIDA SANTA ANA  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

10808 AVENIDA SANTA ANA  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 47-0896573      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GUERRIERI, FRANK  
10808 AVENIDA SANTA ANA  
BOCA RATON, FL 33498      US

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

GUERRIERI, FRANK F FRANK G  
10808 AVENIDA SANTA ANA  
BOCA RATON, FL 33498      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: JODY GUERRIERI

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CHRM ( ) Delete  
Name: GUERRIERI, FRANK  
Address: 10808 AVENIDA SANTA ANA  
City-St-Zip: BOCA RATON, FL 33498

Title: VHRM ( ) Delete  
Name: GUERRIERI, JODY  
Address: 10808 AVENIDA SANTA ANA  
City-St-Zip: BOCA RATON, FL 33498

Title: PS (X) Delete  
Name: GUERRIERI, FRANK  
Address: 10808 AVENIDA SANTA ANA  
City-St-Zip: BOCA RATON, FL 33498

Title: VT (X) Delete  
Name: GUERRIERI, JODY  
Address: 10808 AVENIDA SANTA ANA  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VCHR (X) Change ( ) Addition  
Name: GUERRIERI, JODY  
Address: 10808 AVENIDA SANTA ANA  
City-St-Zip: BOCA RATON, FL 33498

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: FRANK GUERRIERI

CHRM

03/19/2009

Electronic Signature of Signing Officer or Director

Date