

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094070

FILED
Jan 03, 2008
Secretary of State

Entity Name: HOME CARE RESOURCES HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

11601 BISCAYNE BLVD
309
MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

11601 BISCAYNE BLVD
309
MIAMI, FL 33181 US

New Mailing Address:

FEI Number: 75-3130617 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ST. FLEUR, MARIE E DON
1455 NW 143 ST
MIAMI, FL 33167 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: DON () Delete
Name: ST. FLEUR, MARIE E
Address: 11601 BISCAYNE BLVD SUTIE 309
City-St-Zip: MIAMI, FL 33181

Title: V () Delete
Name: ST. FLEUR, CARL
Address: 11601 BISCAYNE BLVD., #309
City-St-Zip: MIAMI, FL 33181

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: CARL ST FLEUR

OFFI

01/03/2008

Electronic Signature of Signing Officer or Director

Date