

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094070

FILED  
Jan 19, 2009  
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

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

OFFI

01/19/2009

\_\_\_\_\_ Date