2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000152112 1. Entity Name MERLYS HOME HEALTH CARE AGENCY INC.					FILED 2008 HAY - 2 PM 12: 39				
Principal Place of Business Mailing Address 7216 SW 8TH STREET 5874 SW 4 ST SUFFE 2 MIAMI, FL 331 MIAMI, FL 33144 US			14		SEC.L.ANY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04242008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numb				plied For t Applicable
Zip	Country	Zip Count		ntry	<u> </u>	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
ALVAREZ, SANDRA 7216 SW 4 ST				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33144				721/0	6 SW 8 St Suite#2				
8. The above name of entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyped or prized name of registered agent and tide if subcable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution.									
	ay 1, 2008 Fee will be \$550.					/CHANGES TO OF	TICEDS AND	DIDECTOR	2 INF 11
10.	OFFICERS AND DIRECTORS 11. P Delete IIII				ADDITIONS	/CHANGES TO OF	TICENS AINL	Change	Addition
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CITY-ST-ZIP				(-ST-ZEP					
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CITY-ST-ZIP				r-SI-ZIP					
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12. If hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 prosper or prosper 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 withan address, with all other like empowered. SIGNATURE:									