2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2010
Secretary of State

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Entity Name: A PLUS HOME HEALTH CARE, INC.

Current Principal Place of Business:

1111 HYPOLUXO ROAD
SUITE 107
LANTANA, FL 33462

New Principal Place of Business:

1111 HYPOLUXO ROAD
SUITE 107
LANTANA, FL 33462 US

Current Mailing Address:

1111 HYPOLUXO ROAD
SUITE 107
LANTANA, FL 33462

New Mailing Address:

1111 HYPOLUXO ROAD
SUITE 107
LANTANA, FL 33462 US

FEI Number: 61-1433445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEMEROFSKY, TRACY A
5106 MISTY MORN ROAD
PALM BEACH GARDENS, FL 33418 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: P
Name: NEMEROFSKY, TRACY A
Address: 5106 MISTY MORN ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: V
Name: NEMEROFSKY, STEPHEN L
Address: 3920 N. OCEAN DRIVE, APT 16A
City-St-Zip: SINGER ISLAND, FL 33404 US

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN L. NEMEROFSKY V 01/07/2010

Electronic Signature of Signing Officer or Director Date