

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093014

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: ECM HOME HEALTH CORPORATION

**Current Principal Place of Business:**

7969 SW 7TH STREET  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

7298 NW 39TH STREET  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

7969 SW 7TH STREET  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 06-1730853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PIERRE, NANCY M  
7969 SW 7TH STREET  
NORTH LAUDERDALE, FL 33068 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 ( ) Delete  
Name: PIERRE, NANCY M  
Address: 7969 SW 7TH STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP/T ( ) Delete  
Name: PIERRE, LUCIEN  
Address: 7969 SW 7TH STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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

Title: P (X) Change ( ) Addition  
Name: MICKETTE, NANCY P  
Address: 7969 SW 7TH STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: LUCIEN PIERRE

VP/T

01/09/2008

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

\_\_\_\_\_ Date