

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093014

FILED
Apr 24, 2009
Secretary of State

Entity Name: ECM HOME HEALTH CORPORATION

Current Principal Place of Business:

7298 NW 39TH STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

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: MICKETTE, NANCY P
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: PIERRE, NANCY M
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: NANCY M PIERRE

P

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date