

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052397

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: MEDBRIDGE HOME HEALTH, INC.

**Current Principal Place of Business:**

3135 STATE RD 580 SUITE 6  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

2040 NE COACHMAN RD  
SUITE B  
CLEARWATER, FL 33765

**Current Mailing Address:**

3135 STATE RD 580 SUITE 6  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

2040 NE COACHMAN RD  
SUITE B  
CLEARWATER, FL 33765

FEI Number: 51-0541030

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UCC FILING & SEARCH SERVICES INC  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309 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: PSTD ( ) Delete  
Name: SPARKS, ROBERT D  
Address: 3135 STATE RD 580 SUITE 6  
City-St-Zip: SAFETY HARBOR, FL 34695

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

Title: PRES (X) Change ( ) Addition  
Name: SPARKS, ROBERT D  
Address: 2040 NE COACHMAN RD  
City-St-Zip: CLEARWATER, FL 33765

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: ROBERT D, SPARKS

PRES

04/29/2008

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

\_\_\_\_\_ Date