

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123438

FILED
Jan 12, 2007
Secretary of State

Entity Name: PATIENT'S CHOICE HOME HEALTH CARE, INC.

Current Principal Place of Business:

11890 SW 8 ST
204
MIAMI, FL 33184

New Principal Place of Business:

11890 SW 8 ST
302
MIAMI, FL 33184

Current Mailing Address:

11890 SW 8 ST
204
MIAMI, FL 33184

New Mailing Address:

11890 SW 8 ST
302
MIAMI, FL 33184

FEI Number: 20-3542192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HITE, CATHERINE
799 BRICKELL PLAZA
700
MIAMI, FL 33131 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: PS () Delete
Name: SANCHEZ-SUAREZ, SUZETTE M
Address: 799 BRICKELL PLAZA, SUITE 700
City-St-Zip: MIAMI, FL 33131

Title: VT () Delete
Name: SUAREZ, PETER
Address: 799 BRICKELL PLAZA, SUITE 700
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER SUAREZ

VT

01/12/2007

Electronic Signature of Signing Officer or Director

_____ Date