

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061525

FILED
Apr 03, 2008
Secretary of State

Entity Name: ACM HOME HEALTH, CORP.

Current Principal Place of Business:

7505 N.W. 169TH LANE
HIALEAH, FL 33015 US

New Principal Place of Business:

5201 BLUE LAGOON DRIVE
924
MIAMI, FL 33126 US

Current Mailing Address:

7505 N.W. 169TH LANE
HIALEAH, FL 33015 US

New Mailing Address:

5201 BLUE LAGOON DRIVE
924
MIAMI, FL 33126 US

FEI Number: 26-0225705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABREU PINO, OMAR
7505 NW 169TH LANE
HIALEAH, FL 33015 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: ABREU PINO, OMAR
Address: 7505 N.W. 169TH LANE
City-St-Zip: HIALEAH, FL 33015 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: OMAR ABREU PINO

PRES

04/03/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date