

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000089008

**FILED**  
**Feb 04, 2009**  
**Secretary of State**

**Entity Name:** CARE SOLUTIONS HOME HEALTH, INC.

**Current Principal Place of Business:**

3701 SW 129 AVENUE  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

3701 SW 129 AVENUE  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 26-0672168      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RAMOS, SILVIA  
3701 SW 129 AVENUE  
MIAMI, FL 33175    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: PD ( ) Delete  
Name: RAMOS, SILVIA  
Address: 3701 SW 129 AVENUE  
City-St-Zip: MIAMI, FL 33175

Title: SD ( ) Delete  
Name: ALVAREZ, YOLANDA  
Address: 19530 NW 79 PLACE  
City-St-Zip: MIAMI, FL 33015

**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 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: SILVIA RAMOS

PD

02/04/2009

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

\_\_\_\_\_ Date