

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 16, 2008  
Secretary of State**

DOCUMENT# P07000099613

Entity Name: NEW GENERATION HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

2300 PALM BEACH LAKES BLVD  
219  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

150 NW 168 ST  
205  
NORTH MIAMI BEACH, FL 33169

**Current Mailing Address:**

2300 PALM BEACH LAKES BLVD  
219  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

150 NW 168 ST  
205  
NORTH MIAMI BEACH, FL 33169

FEI Number: 26-0854975      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DESANCE, LEROY  
15847 80 LANE NORTH  
LOXAHATCHEE, FL 33470      US

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

DESANCE, LEROY  
150 NW 168 ST  
205  
NORTH MIAMI BEACH, FL 33169      US

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: \_\_\_\_\_ 06/16/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PT      ( ) Delete  
Name: DESANCE, LEROY  
Address: 2300 PALM BEACH LAKES BLVD, STE 219  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VPS      ( ) Delete  
Name: CORREAL, JOSE L  
Address: 2300 PALM BEACH LAKES BLVD, STE 219  
City-St-Zip: WEST PALM BEACH, FL 33409

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

Title: PT      (X) Change ( ) Addition  
Name: DESANCE, LEROY  
Address: 150 NW 168 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: VPS      (X) Change ( ) Addition  
Name: CORREAL, JOSE L  
Address: 150 NW 168 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: LEROY DESANCE      PT      06/16/2008  
Electronic Signature of Signing Officer or Director      Date