

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000012463

Entity Name: FAITH HOME HEALTH, INC.

FILED
Aug 20, 2009
Secretary of State

Current Principal Place of Business:

2508 W TAMPA BAY BLVD
TAMPA, FL 33607 US

New Principal Place of Business:

3202 N. HOWARD AVENUE
TAMPA, FL 33607 US

Current Mailing Address:

2508 W TAMPA BAY BLVD
TAMPA, FL 33607 US

New Mailing Address:

3202 N. HOWARD AVENUE
TAMPA, FL 33607 US

FEI Number: 65-0729746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CELINA, OKPALEKE L
2508 W TAMPA BAY BLVD
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

GRAY LAW GROUP, LLC
1111 BRICKELL AVENUE
11TH FL
MIAMI, FL 33131 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: BRIAN GRAY, ESQ.

08/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OKPALEKE, CELINA
Address: 2508 W TAMPA BAY BLVD
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OKPALEKE, CELINA
Address: 3202 N. HOWARD AVENUE
City-St-Zip: TAMPA, FL 33607

Title: S () Change (X) Addition
Name: EUBANKS, BEVERLY
Address: 3202 N. HOWARD AVENUE
City-St-Zip: TAMPA, FL 33607 US

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: CELINA OKPALEKE

PD

08/20/2009

Electronic Signature of Signing Officer or Director

Date