2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# F11999

Entity Name: RUBY'S HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

4343 W SUNRISE BLVD
PLANTATION, FL 333136749 US

New Principal Place of Business:

144 S. PINE ISLAND ROAD
SUITE 144
PLANTATION, FL 33324 US

Current Mailing Address:

4343 W SUNRISE BLVD
PLANTATION, FL 333136749 US

New Mailing Address:

144 S. PINE ISLAND ROAD
SUITE 144
PLANTATION, FL 33324 US

FEI Number: 59-2057442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDMAN, RUBY G
4343 W SUNRISE BLVD
PLANTATION, FL 333136749 US

Name and Address of New Registered Agent:

EDMAN, RUBY G
144 S. PINE ISLAND ROAD
SUITE 144
PLANTATION, FL 33324 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: RUBY EDMAN 04/21/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST
Name: EDMAN, RUBY G
Address: 144 S. PINE ISLAND ROAD, SUITE 144
City-St-Zip: PLANTATION, FL 33324

Title: VP
Name: EDMAN, VINCENT
Address: 144 S. PINE ISLAND ROAD, SUITE 144
City-St-Zip: PLANTATION, FL

Title: D
Name: EDMAN, RUBY G
Address: 144 S. PINE ISLAND ROAD, SUITE 144
City-St-Zip: PLANTATION, FL

I hereby 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 all other like empowered.

SIGNATURE: RUBY EDMAN PRES 04/21/2011
Electronic Signature of Signing Officer or Director Date