


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # K17442 1. Entity Name ALIMED HOME HEALTH, INC.		
Principal Place of Business 1028 N.E. 45TH ST. OAKLAND PARK, FL 33334 US	Mailing Address 1028 N.E. 45TH ST. OAKLAND PARK, FL 33334 US	



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0416265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAVALIERE, SUSAN 2817 NE 37TH STREET FT LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CAVALIERE, SUSAN 2817 NE 37TH STREET FT LAUDERDALE, FL
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04/22/08-80076-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Cavaliere
Susan Cavaliere President/Director

4/7/08 954 771-4155
Date Daytime Phone #