

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17442

FILED
Jan 13, 2012
Secretary of State

Entity Name: ALIMED HOME HEALTH, INC.

Current Principal Place of Business:

1028 N.E. 45TH ST.
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

1028 N.E. 45TH ST.
OAKLAND PARK, FL 33334 US

New Mailing Address:

FEI Number: 65-0416265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALIERE, SUSAN
2817 NE 37TH STREET
FT LAUDERDALE, FL 33308 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

OFFICERS AND DIRECTORS:

Title: PST
Name: CAVALIERE, SUSAN
Address: 2817 NE 37TH STREET
City-St-Zip: FT LAUDERDALE, FL

Title: D
Name: CAVALIERE, SUSAN
Address: 2817 NE 37TH STREET
City-St-Zip: FT LAUDERDALE, FL

Title: VP
Name: CAVALIERE, JOSEPH
Address: 1028 NE 45TH STREET
City-St-Zip: OAKLAND PARK, FL 33334

Title: SECR
Name: COLL-EATHERON, RENA
Address: 1028 NE 45TH STREET
City-St-Zip: OAKLAND PARK, FL 33334

Title: TREA
Name: COLL-EATHERON, RENA
Address: 1028 NE 45TH STREET
City-St-Zip: OAKLAND PARK, FL 33334

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: SUSAN CAVALIERE

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01/13/2012

Electronic Signature of Signing Officer or Director

Date