2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2010
Secretary of State

DOCUMENT# K44979

Entity Name: HOME HEALTH SERVICES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

760 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

760 PONCE DE LEON BVLD
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0096192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRACERAS, WILFRED
760 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD
Name: WILFRED, BRACERAS
Address: 760 PONCE DE LEON BLVD.
City-St-Zip: MIAMI, FL 33134

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: WILFRED BRACERAS PRE 01/29/2010

Electronic Signature of Signing Officer or Director Date