

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K99347

FILED
Apr 21, 2009
Secretary of State

Entity Name: CONCEPT CARE HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

447 THIRD AVE. N., SUITE 203
ST. PETERSBURG, FL 33701

New Principal Place of Business:

447 THIRD AVE. N.,
SUITE 203
ST. PETERSBURG, FL 33701

Current Mailing Address:

P.O. BOX 232
ST. PETERSBURG, FL 33731

New Mailing Address:

FEI Number: 59-2994088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLMAN, SANDRA
447 THIRD AVE. NORTH
SUITE 203
ST. PETERSBURG, FL 33701 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: SDP () Delete
Name: GALLMAN, SANDRA
Address: 447 3RD AVENUE N., #203
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SANDRA GALLMAN

SDP

04/21/2009

Electronic Signature of Signing Officer or Director

Date