

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008378

FILED
May 24, 2008
Secretary of State

Entity Name: NEIGHBORHOOD HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

9835 SW 53 TERR
MIAMI, FL 33165

New Principal Place of Business:

10300 SW 72 ST
SUITE 261C
MIAMI, FL 33173

Current Mailing Address:

9835 SW 53 TERR
MIAMI, FL 33165

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLORES, GLORIA L
9835 SW 53 TERR
MIAMI, FL 33165 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLORES, GLORIA L
Address: 9835 SW 53 TERR
City-St-Zip: MIAMI, FL 33165

Title: VP () Delete
Name: FLORES, EDUARDO
Address: 9835 SW 53 TERR
City-St-Zip: MIAMI, FL 33165

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: FLORES, ALVARO J
Address: 9835 SW 53 TERR
City-St-Zip: MIAMI, FL 33165

Title: CFO () Change (X) Addition
Name: FLORES, GERARDO A
Address: 9835 SW 53 TERR
City-St-Zip: MIAMI, FL 33165

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO FLORES

VP

05/24/2008

Electronic Signature of Signing Officer or Director

Date