

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066025

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: WILLSAND HOME HEALTH AGENCY, INC.

## Current Principal Place of Business:

6501NW 36TH STREET, SUITE #456  
VIRGINIA GARDENS, FL 33166

## New Principal Place of Business:

6501 NW 36TH ST, SUITE #456  
VIRGINIA GARDENS, FL 33166

## Current Mailing Address:

6501 NW 36TH STREET, SUITE # 456  
VIRGINIA GARDENS, FL 33166

## New Mailing Address:

6501 NW 36TH ST, SUITE # 456  
VIRGINIA GARDENS, FL 33166

FEI Number: 65-1022805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESCALONA, EULISES  
6501NW 36 ST SUITE 456  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

ESCALONA, EULISES  
6501 NW 36 ST SUITE 456  
VIRGINIA GARDENS, FL 33166 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: EULISES ESCALONA

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: ESCALONA, EULISES  
Address: 6501 NW 36TH ST., STE. 456  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Delete  
Name: ESCALONA, EULISES  
Address: 6555 NW 36TH ST., STE. 216  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTD (X) Change ( ) Addition  
Name: ESCALONA, EULISES  
Address: 6501 NW 36TH ST., STE. 456  
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: EULISES ESCALONA

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date