

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066025

FILED
Feb 27, 2009
Secretary of State

Entity Name: WILLSAND HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

9621 SW 40TH ST
MIAMI, FL 33165

Current Mailing Address:

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

New Mailing Address:

9621 SW 40TH ST
MIAMI, FL 33165

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
6501 NW 36 ST SUITE 456
VIRGINIA GARDENS, FL 33166 US

Name and Address of New Registered Agent:

ESCALONA, EULISES
9621 SW 40TH ST
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

02/27/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTD (X) Change () Addition
Name: ESCALONA, EULISES
Address: 9621 SW 40TH ST
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EULISES ESCALONA

PVTD

02/27/2009

Electronic Signature of Signing Officer or Director

Date