

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015711

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: EDEM HOME CARE, INC.

## Current Principal Place of Business:

4783 N.W. 195 ST  
MIAMI, FL 33055

## New Principal Place of Business:

4783 N.W. 195 ST  
MIAMI, FL 33055 US

## Current Mailing Address:

4783 N.W. 195 ST  
MIAMI, FL 33055

## New Mailing Address:

4783 N.W. 195 ST  
MIAMI, FL 33055 US

FEI Number: 65-1074900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHRISTIAENS, RITA  
4783 NW 195 ST.  
MIAMI, FL 33055 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: PD ( ) Delete  
Name: CHRISTIAENS, RITA  
Address: 4783 NW 195 ST.  
City-St-Zip: MIAMI, FL 33055

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CHRISTIAENS, RITA M  
Address: 4783 NW 195 STREET  
City-St-Zip: MIAMI, FL 33055 US

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: RITA M CHRISTIAENS

PD

04/07/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date