

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018320

FILED
May 09, 2007
Secretary of State

Entity Name: PINARD HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

4849 SE 110TH STREET
57
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

P O BOX 2811
BELLVIEW, FL 34421

New Mailing Address:

4849 SE 110TH STREET
57
BELLVIEW, FL 34420

FEI Number: 59-3712361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRIMI, MICHAEL PRES
10762 S US HIGHWAY 441
BELLEVIEW, FL 34420 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: O () Delete
Name: CRIMI, MICHAEL
Address: 10762 S US HIGHWAY 441
City-St-Zip: BELLEVIEW, FL 34420

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O () Change (X) Addition
Name: CORNELIUS, MARC
Address: 4849 SE 110TH STREET, SUITE 57
City-St-Zip: BELLEVIEW, FL 34420 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: MICHAEL CRIMI

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05/09/2007

Electronic Signature of Signing Officer or Director

_____ Date