


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000018320
 1. Entity Name
PINARD HOME HEALTH SERVICES, INC.



Principal Place of Business 4849 SE 110TH STREET 57 BELLEVIEW, FL 34420	Mailing Address 4849 SE 110TH STREET 57 BELLEVIEW, FL 34420
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DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3712361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CRIMI, MICHAEL PRES
 10762 S US HIGHWAY 441
 BELLEVIEW, FL 34420

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="radio"/> CRIMI, MICHAEL 10762 S US HIGHWAY 441 BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="radio"/> CORNELIUS, MARC 4849 SE 110TH STREET, SUITE 57 BELLEVIEW, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Crimi **Michael Crimi** 03/12/08 352-427-8680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #