


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90015 021 ***158.75

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| DOCUMENT # P01000056525 1. Entity Name USA HOME HEALTH SERVICES, INC. | | | |  | |
| Principal Place of Business 5341 WEST ATLANTIC AVENUE SUITE 304 DELRAY BEACH, FL 33484 | | | Mailing Address 760 PONCE DE LEON BLVD CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business - No P.O. Box # 23123 State Road 7 | | 3. Mailing Address Suite, Apt. #, etc. Suite 300D City & State Boca Raton, FL | | | |
| Suite, Apt. #, etc. Suite 300D City & State Boca Raton, FL | | City & State Boca Raton, FL | | | |
| Zip 33428 | | Country USA | | 4. FEI Number 65-1134402 | |
| Zip 33428 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRACERAS, WILFRED 600 W 20TH STREET HIALEAH, FL 33010 | | | | 7. Name and Address of New Registered Agent Name Braceras, Wilfred Street Address (P.O. Box Number is Not Acceptable) 760 Ponce De Leon Blvd. City Coral Gables FL Zip Code 33134 | |
| 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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE <u>Wilfred Braceras</u></div> <div>DATE <u>04/11/08</u></div> </div> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May-1, 2008 Fee will be \$550.00. | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input type="checkbox"/> Delete BRACERAS, ELIZABETH 600 W 20TH STREET HIALEAH, FL 33010 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Braceras, Elizabeth 760 Ponce De Leon Blvd. Coral Gables, FL 33134 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 <u>Elizabeth Braceras</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Elizabeth Braceras, Pres Date <u>04/11/08</u> Daytime Phone # <u>(305)863-8860</u> | | |