

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112580

FILED
Apr 02, 2009
Secretary of State

Entity Name: PINES HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

5400 S UNIVERSITY DR
STE 409
FORT LAUDERDALE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5400 S UNIVERSITY DR
STE 409
FORT LAUDERDALE, FL 33328

New Mailing Address:

FEI Number: 65-1145366 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUINALDO, LYDIA
1091 NW 157TH AVE.
PEMBROKE PINES, FL 33028 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: P () Delete
Name: AGUINALDO, LYDIA
Address: 1091 NW 157TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T () Delete
Name: TABLADA, RAYMUNDO
Address: 1081 NW 157TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S () Delete
Name: BRUTUS, MASOCORRO
Address: 7972 TROPICANA DR.
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: GATMAITAN, MALUISA
Address: 15470 NW 11TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: BADAR, REMEDIOS T
Address: 128 AGUSTA DR.
City-St-Zip: PALOS HEIGHTS, IL 60463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: BRUTUS, MA SOCORRO G
Address: 7972 TROPICANA DR.
City-St-Zip: MIRAMAR, FL 33023

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

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

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: MA SOCORRO G. BRUTUS

SEC

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date