

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036830

FILED
Apr 03, 2009
Secretary of State

Entity Name: ANGELS CARE HOME HEALTH INC.

Current Principal Place of Business:

2800 WEST 84 ST, 7
HIALEAH, FL 33018

New Principal Place of Business:

2800 WEST 84 ST
7
HIALEAH, FL 33018

Current Mailing Address:

2800 WEST 84 ST, 7
HIALEAH, FL 33018

New Mailing Address:

2800 WEST 84 ST
7
HIALEAH, FL 33018

FEI Number: 01-0678711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, ENER
1790 WEST 49 STREET
SUITE 405
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

HERNANDEZ, ENER
2800 WEST 84 SREET
7
HIALEAH, FL 33018 US

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: ENER HERNANDEZ

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERNANDEZ, ENER
Address: 1790 WEST 49TH STTEET SUITE 405
City-St-Zip: HIALEAH, FL 33012

Title: VD () Delete
Name: HERNANDEZ, VIAMNEY
Address: 1790 WEST 49TH STTEET SUITE 405
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERNANDEZ, ENER
Address: 2800 WEST 84 STREET #7
City-St-Zip: HIALEAH, FL 33018

Title: VD (X) Change () Addition
Name: HERNANDEZ, VIAMNEY
Address: 2800 WEST 84 STREET #7
City-St-Zip: HIALEAH, FL 33018

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: ENER HERNANDEZ

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date