

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043205

FILED
Mar 13, 2009
Secretary of State

Entity Name: SOUTH FLORIDA HOME HEALTH CARE, INC.

Current Principal Place of Business:

8181 NW 36 STREET
SUITE 15
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8181 NW 36 STREET
SUITE 15
DORAL, FL 33166

New Mailing Address:

FEI Number: 04-3650256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MIRIAM
3010 SW 103 CT.
MIAMI, FL 33165 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: PD () Delete
Name: GONZALEZ, MIRIAM
Address: 3010 SW 103 CT
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Delete
Name: MARTIN, ALAIN D
Address: 10167 SW 26TH TER
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MIRIAM GONZALEZ

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03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date