

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091109

FILED
Sep 05, 2006
Secretary of State

Entity Name: METROPOLITAN HOME HEALTH NETWORK, INC.

Current Principal Place of Business:

1550 N. FEDERAL HWY
#14
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

1550 N. FEDERAL HWY
#14
BOYNTON BEACH, FL 33435

New Mailing Address:

111 GALIANO ST
ROYAL PALM BEACH, FL 33411

FEI Number: 54-2076716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ROMAINE
111 GALIANO ST
ROYAL PALM BEACH, FL 33411 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MARTIN, ROMAINE L
Address: 1550 N. FEDERAL HWY #14
City-St-Zip: BOYNTON BEACH, FL 33435 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROMAINE L. MARTIN

PRES

09/05/2006

Electronic Signature of Signing Officer or Director

Date