

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002507

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: ALLIANCE HOME HEALTH INC.

## Current Principal Place of Business:

7340 SW 48TH ST  
SUITE 106  
MIAMI, FL 33155

## New Principal Place of Business:

## Current Mailing Address:

7340 SW 48TH ST  
SUITE 106  
MIAMI, FL 33155

## New Mailing Address:

FEI Number: 43-1991904      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HANST, HILDA  
11930 SW 46TH AVE.  
MIAMI, FL 33175      US

## Name and Address of New Registered Agent:

HANST, HILDA  
7340 SW 48TH ST  
SUITE106  
MIAMI, FL 33155 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: HILDA HANST

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: FORNS, GEORGE  
Address: 8900 CORAL WAY  
City-St-Zip: MIAMI, FL 33165

Title: PD ( ) Delete  
Name: HANST, HILDA  
Address: 7340 SW 48TH ST STE 16  
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete  
Name: HANST, HILDA  
Address: 8900 CORAL WAY  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: HANST, HILDA  
Address: 7340 SW 48TH ST STE 106  
City-St-Zip: MIAMI, FL 33155

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: GEORGE FORNS

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date