

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052991

FILED
Apr 26, 2006
Secretary of State

Entity Name: UNIVERSAL HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

99 NW 183RD STREET SUITE 205
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

99 NW 183RD STREET
SUITE 205
MIAMI, FL 33169

New Mailing Address:

FEI Number: 16-1667075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIAS, MOISE
4520 SW 38TH STREET
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

ELIAS, MOISE
99 NW 183RD STREET SUITE 205
MIAMI, FL 33169 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: ELIAS MOISE

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELIAS, MOISE
Address: 4520 SW 38TH STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP () Delete
Name: MENARD, MARIE A
Address: 150 NE 175TH STREET
City-St-Zip: MIAMI, FL 33162

Title: VP () Delete
Name: MOMPREMIER, MARGUERITE
Address: 3590 SOUTH STATE ROAD 7 # 34
City-St-Zip: MIRAMAR, FL 33023

Title: SC () Delete
Name: JOSEPH-MENTOR, YVICA J
Address: 19100 NW 10TH AVENUE
City-St-Zip: MIAMI, FL 33169

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELIAS, MOISE
Address: 99 NW 183RD STREET SUITE 205
City-St-Zip: MIAMI, FL 33169

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

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

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

Title: P () Change (X) Addition
Name: LAGUERRE, JEAN L
Address: 99 NW 183RD STREET SUITE 205
City-St-Zip: MIAMI, FL 33169

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: ELIAS MOISE

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date