

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069985

FILED  
Feb 25, 2008  
Secretary of State

Entity Name: LIFELINE HOME HEALTHCARE PROVIDERS, INC.

**Current Principal Place of Business:**

8512 SW 8TH ST  
REAR  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8512 SW 8TH ST  
REAR  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 20-0055571      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIEDRA, MANUEL A  
8512 SW 8TH ST  
REAR  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

PIEDRA, MANUEL A VP  
8512 SW 8TH ST  
REAR  
MIAMI, FL 33144 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: MANUEL PIEDRA      02/25/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: PIEDRA, MANUEL  
Address: 8512 SW 8TH ST  
City-St-Zip: MIAMI, FL 33144

Title: D      ( ) Delete  
Name: HERNANDEZ, FERNANDO  
Address: 8512 SW 8TH ST  
City-St-Zip: MIAMI, FL 33144

Title: D      (X) Delete  
Name: FERNANDEZ, JORGE  
Address: 8512 SW 8TH ST  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: PIEDRA, MANUEL A VP  
Address: 8512 SW 8TH ST  
City-St-Zip: MIAMI, FL 33144

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: MANUEL PIEDRA      VP      02/25/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date