

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094362

Entity Name: MAXIMUM HOME HEALTH, INC.

FILED
Feb 14, 2009
Secretary of State

Current Principal Place of Business:

3500 N. STATE RD. 7, SUITE 202
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

3500 N. STATE RD. 7, SUITE 456
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

3500 N. STATE RD. 7, SUITE 202
LAUDERDALE LAKES, FL 33319

New Mailing Address:

3500 N. STATE RD. 7, SUITE 456
LAUDERDALE LAKES, FL 33319

FEI Number: 02-0704432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROOKS, JAPHETH
3500 N. STATE ROAD 7
202
LAUDERDALE LAKES, FL 33319 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: PSD () Delete
Name: BROOKS, DONNA M
Address: 3500 N. STATE RD. 7, SUITE 202
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VTD () Delete
Name: BROOKS, JAPHETH
Address: 3500 N. STATE RD. 7, SUITE 202
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BROOKS, DONNA M
Address: 3500 N. STATE RD. 7, SUITE 456
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: VTD (X) Change () Addition
Name: BROOKS, JAPHETH
Address: 3500 N. STATE RD. 7, SUITE 456
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: JAPHETH BROOKS

VP

02/14/2009

Electronic Signature of Signing Officer or Director

Date