

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000094362

Entity Name: MAXIMUM HOME HEALTH, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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:**

BROOKS, JAPHETH  
3500 N. STATE ROAD 7  
456  
LAUDERDALE LAKES, FL 33319 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:

Electronic Signature of Registered Agent

03/15/2011

Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: BROOKS JAPHETH

VTD

03/15/2011

Electronic Signature of Signing Officer or Director

Date