

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094362

FILED
Feb 28, 2012
Secretary of State

Entity Name: MAXIMUM HOME HEALTH, INC.

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
456
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

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: J.BROOKS

VTD

02/28/2012

Electronic Signature of Signing Officer or Director

Date