

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113614

FILED
Jan 07, 2008
Secretary of State

Entity Name: EXPRESS HOME HEALTH INC.

Current Principal Place of Business:

1601 NORTH PALM AVENUE
SUITE 209D
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1601 NORTH PALM AVENUE
SUITE 209D
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 51-0448735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, ANTHON DR.
4554 SW 127TH TERRACE
MIRAMAR, FL 33027 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: ADM () Delete
Name: FRANCIS, ANTHON DR.
Address: 4554 SW 127TH TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: RHONE, VENULA
Address: 1601 NORTH PALM AVENUE, SUITE 209D
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: NILES, YVONNE
Address: 12249 SW 50TH STREET
City-St-Zip: COOPER CITY, FL 33330

Title: ASSD () Delete
Name: YASIN, MEDINA S
Address: 2331 NW 96TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () 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: ANTHON FRANCIS

ADM

01/07/2008

Electronic Signature of Signing Officer or Director

Date