

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113614

FILED  
Apr 03, 2009  
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:

3600 RED ROAD  
SUITE 310  
MIRAMAR, FL 33025

## Current Mailing Address:

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

## New Mailing Address:

3600 RED ROAD  
SUITE 310  
MIRAMAR, FL 33025

FEI Number: 51-0448735

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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: T ( ) Delete  
Name: FRANCIS, SHALISHA  
Address: 4554 SW 127 TERRACE  
City-St-Zip: MIRAMAR, FL 33027

Title: S ( ) Delete  
Name: BATISTA, VERNEE  
Address: 4091 CAMERON WAY  
City-St-Zip: SNELLVILLE, GA 30039 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

04/03/2009

Electronic Signature of Signing Officer or Director

Date