

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000115407

FILED
May 01, 2007
Secretary of State

Entity Name: AXIS HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

5200 N FEDERAL HWY
2
FT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

5200 N FEDERAL HWY
2
FT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 80-0079869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRA, MARIA
5200 N FEDERAL HWY
2
FT. LAUDERDALE, FL 33308 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: PARLAPIANO, DONNA
Address: 4900 N OCEAN BLVD, #1617
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VS () Delete
Name: MERRA, MARIA
Address: 724 SW S CT
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIA MERRA

VS

05/01/2007

Electronic Signature of Signing Officer or Director

Date