

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117235

FILED
Feb 16, 2010
Secretary of State

Entity Name: INTEGRAL HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

4471 NW 36TH STREET
218
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

4471 NW 36TH STREET
218
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 20-0321260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CASADEVALLE, JUAN J
4471 NW 36TH STREET
218
MIAMI SPRINGS, FL 33166 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: DPT
Name: CASADEVALLE, JUAN J
Address: 4471 NW 36TH STREET, #218
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DS
Name: HERANDEZ, LUIS E
Address: 4471 NW 36TH STREET, #218
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D
Name: VALLADARES, LEO
Address: 4471 NW 36TH STREET, #218
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DV
Name: HERNANDEZ, JORGE L
Address: 4471 NW 36 STREET #218
City-St-Zip: MIAMI SPRINGS, FL 33166

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: JUAN J. CASADEVALLE

DPT

02/16/2010

Electronic Signature of Signing Officer or Director

Date