

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119908

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: CARE RESPONSE HOME HEALTH AGENCY CORP.

**Current Principal Place of Business:**

313 SW 27 AVE  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

313 SW 27 AVE  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 20-0755175      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOTAY, SANDRA I  
280 SW 20 RD  
907  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

GOTAY, SANDRA I  
313 SW 27 AVE  
MIAMI, FL 33135 US

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: SANDRA GOTAY

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOTAY, SANDRA  
Address: 280 SW 20 RD  
City-St-Zip: MIAMI, FL 33129

Title: V ( ) Delete  
Name: VALERO, CLAUDIO  
Address: 12241 SW 99 ST  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GOTAY, SANDRA  
Address: 313 SW 27 AVE  
City-St-Zip: MIAMI, FL 33135

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: SANDRA GOTAY

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date