2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 13, 2007
Secretary of State

DOCUMENT# P03000143635

Entity Name: MIHOM HEALTHCARE, INC.

Current Principal Place of Business:

7410 SOUTH US HWY I
SUITE 102
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

7410 SOUTH US HWY I
SUITE 102
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 61-1461776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, SUSAN F
12065 NW 49 DRIVE
CORAL SPRINGS, FL 33076 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PERRY, SUSAN F
Address: 12065 NW 49 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: LARDIZABAL, MILDRED P
Address: 2301 SW 129 AVE
City-St-Zip: MIRAMAR, FL 33027

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: SUSAN F. PERRY PD 12/13/2007

Electronic Signature of Signing Officer or Director Date