2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154011

Entity Name: A PLUS HOME HEALTH CARE, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
14000 MILITARY TRAIL SUITE 204D SUITE 204-D DELRAY BEACH, FL 33484				1111 HYPOLUXO RO SUITE 107 LANTANA, FL 33462		
Current Mailing Address:				New Mailing Address:		
14000 MILITARY TRAIL SUITE 204D SUITE 204-D DELRAY BEACH, FL 33484				1111 HYPOLUXO ROAD SUITE 107 LANTANA, FL 33462		
FEI Number	: 61-1433445	FEI Number Applied Fo	r() FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
5106 MIST PALM BEA The above	FSKY, TRACY TY MORN ROA ACH GARDEN named entity: of Florida.	.D S, FL 33418 US	for the purpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Agent					Date	
Election Car	mpaign Financin	g Trust Fund Contribution	().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	NEMEROFSKY 5106 MISTY M	•		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	NEMEROFSKY	N DRIVE, APT 16A		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: STEPHEN NEMEROFSKY VP 01/08/2009