

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000013104

FILED
Feb 25, 2008
Secretary of State**Entity Name:** IGMA HOME HEALTH CARE, CORP.**Current Principal Place of Business:**14505 COMMERCE WAY
SUITE 550
MIAMI LAKES, FL 33016**New Principal Place of Business:****Current Mailing Address:**14505 COMMERCE WAY
SUITE 550
MIAMI LAKES, FL 33016**New Mailing Address:****FEI Number:** 20-0634570**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANGULO, IGNACIO
14510 SW 37 ST.
MIRAMAR, FL 33027 US**Name and Address of New Registered Agent:**DE JESUS MONTESANO, MARIA
14505 COMMERCE WAY
SUITE 550
MIAMI LAKES, FL 33016 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: MARIA DE JESUS MONTESANO

02/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: ANGULO, IGNACIO
Address: 14510 SW 37 ST.
City-St-Zip: MIRAMAR, FL 33027**Title:** VP () Delete
Name: DE JESUS MONTESANO-AN, MARIA
Address: 19117 SW 24 ST
City-St-Zip: MIRAMAR, FL 33029**Title:** TD (X) Delete
Name: ANGULO, MONTESANO MARIA
Address: 19117 SW 24 ST
City-St-Zip: MIRAMAR, FL 33029**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change () Addition
Name: DE JESUS MONTESANO, MARIA
Address: 14505 COMMERCE WAY #550
City-St-Zip: MIAMI LAKES, FL 33016**Title:** VP (X) Change () Addition
Name: DE JESUS MONTESANO, MARIA
Address: 14505 COMMERCE WAY #550
City-St-Zip: MIAMI LAKES, FL 33016**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 DE JESUS MONTESANO

PSTD

02/25/2008

Electronic Signature of Signing Officer or Director

Date