2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# P04000028654

Entity Name: MEDFLO HOME HEALTH CARE, INC.

Current Principal Place of Business:

3335 NORTH UNIVERSITY DR., SUITE 2
DAVIE, FL 33024

New Principal Place of Business:

3335 NORTH UNIVERSITY DR.
SUITE 3
DAVIE, FL 33024

Current Mailing Address:

3335 NORTH UNIVERSITY DR., SUITE 2
DAVIE, FL 33024

New Mailing Address:

3335 NORTH UNIVERSITY DR.
SUITE 3
DAVIE, FL 33024

FEI Number: 34-1998191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, FLO
3335 N. UNIVERSITY DRIVE
SUITE 2
DAVIE, FL 33024 US

Name and Address of New Registered Agent:

WILLIAMS, FLO
3335 N. UNIVERSITY DRIVE
SUITE 3
DAVIE, FL 33024 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: FLO WILLIAMS 04/05/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, FLO
Address: 3335 N. UNIVERSITY DR SUITE 2
City-St-Zip: DAVIE, FL 33024

Title: V/S ( ) Delete
Name: WILLIAMS, JODY
Address: 3335 N. UNIVERSITY DR SUITE 2
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, FLO
Address: 3335 N. UNIVERSITY DR SUITE 3
City-St-Zip: DAVIE, FL 33024

Title: V/S (X) Change ( ) Addition
Name: WILLIAMS, JODY
Address: 3335 N. UNIVERSITY DR SUITE 3
City-St-Zip: DAVIE, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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: FLO WILLIAMS P 04/05/2007
Electronic Signature of Signing Officer or Director Date