2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# P04000041124

Entity Name: QUALITY HOME HEALTH AGENCY, INC

Current Principal Place of Business:

8140 NW 155 ST., SUITE 203
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

8140 NW 155 ST., SUITE 203
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-0889014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIRANDA, ONEYDA C
8140 NW 155 STREET
SUITE 203
MIAMI LAKES, FL 33018 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: MIRANDA, ONEYDA C
Address: 8140 NW 155 STREET #203
City-St-Zip: MIAMI LAKES, FL 33018

Title: ADM
Name: VALDES, GRICEL
Address: 8900 NW 140 TERR
City-St-Zip: MIAMI LAKES, FL 33018

I hereby 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 all other like empowered.

SIGNATURE: GRICEL VALDES ADM 04/05/2010
Electronic Signature of Signing Officer or Director Date