

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058361

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: DEMOSTHENES HOME HEALTH AGENCY, INC.

## Current Principal Place of Business:

15715 SO. DINE HWY  
306  
PALMETTO, FL 33157

## New Principal Place of Business:

15715 SOUTH DIXIE HIGHWAY  
306  
MIAMI, FL 33157

## Current Mailing Address:

15715 SO. DINE HWY  
306  
PALMETTO, FL 33157

## New Mailing Address:

15715 SOUTH DIXIE HIGHWAY  
306  
MIAMI, FL 33157

FEI Number: 57-1202674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOMESTHENES, FLORENCE  
11421 S.W. 28TH STREET  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

DEMOSTHENES, FLORENCE  
11421 S.W. 28TH STREET  
MIAMI, FL 33165 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: FLORENCE DEMOSTHENES

04/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DEMOSTHENES, FLORENCE  
Address: 11421 S.W. 28TH STREET  
City-St-Zip: MIAMI, FL 33165

Title: ST (X) Delete  
Name: MILLER, RICHARD  
Address: 16499 NE 18 AVE. #107  
City-St-Zip: MIAMI, FL 33162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FLORENCE DEMOSTHENS

D

04/05/2007

Electronic Signature of Signing Officer or Director

Date