2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P04000058361

Entity Name: DEMOSTHENES HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

15715 SOUTH DIXIE HIGHWAY
306
MIAMI, FL 33157

New Principal Place of Business:

14707 SOUTH DIXIE HIGHWAY
314
MIAMI, FL 33176

Current Mailing Address:

15715 SOUTH DIXIE HIGHWAY
306
MIAMI, FL 33157

New Mailing Address:

14707 SOUTH DIXIE HIGHWAY
314
MIAMI, FL 33176

FEI Number: 57-1202674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMOSTHENES, FLORENCE
11421 S.W. 28TH STREET
MIAMI, FL 33165 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: D ( ) Delete
Name: DEMOSTHENES, FLORENCE
Address: 14707 S DIXIE HWY 314
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DEMOSTHENES, FLORENCE
Address: 14707 S DIXIE HWY 314
City-St-Zip: MIAMI, FL 33176 US

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: FLORENCE DEMOSTHENES P 04/30/2009
Electronic Signature of Signing Officer or Director Date