2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2010
Secretary of State

DOCUMENT# P04000077123

Entity Name: FIRST CHOICE HOME HEALTH, INC.

Current Principal Place of Business:

1499 FOREST HILL BLVD.
SUITE 109
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

1499 FOREST HILL BLVD.
SUITE 109
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 42-1636854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLL, LISA A PRES
1499 FOREST HILL BLVD.
SUITE 109
WEST PALM BEACH, FL 33406 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: PRES
Name: NOLL, LISA A PRES
Address: 1499 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: VP
Name: LEE, DEBRA A SEC
Address: 1499 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: VP
Name: MADIGAN, MURPHY E TRES
Address: 1499 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406 US

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: LISA NOLL PRES 01/08/2010

Electronic Signature of Signing Officer or Director Date