

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000093014

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** ECM HOME HEALTH CORPORATION

**Current Principal Place of Business:**

7298 NW 39TH STREET  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

7969 SW 7TH STREET  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

**FEI Number:** 06-1730853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERRE, NANCY M  
7969 SW 7TH STREET  
NORTH LAUDERDALE, FL 33068 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PIERRE, NANCY M  
Address: 7969 SW 7TH STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP/T  
Name: PIERRE, LUCIEN  
Address: 7969 SW 7TH STREET  
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: NANCY PIERRE

P

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date