

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90194 020 \*\*\*150.00

**DOCUMENT # P04000107287**

1. Entity Name  
**HOME HEALTH AGENCY - ARIZONA, INC.**



Principal Place of Business  
**1430 EAST MISSOURI AVE  
SUITE B225  
PHOENIX, AZ 85014**

Mailing Address  
**11780 WEST SAMPLE ROAD  
SUITE 105  
CORAL SPRINGS, FL 33065**

**00000000**



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1407867**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PORTNOY, FRED  
11780 W. SAMPLE ROAD  
SUITE 105  
CORAL SPRINGS, FL 33065**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
NAGPAL, BEENA  
11780 W. SAMPLE ROAD, SUITE 105  
CORAL SPRINGS, FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC  
PORTNOY, FRED  
11780 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NAGPAL, NARESH  
11980 WEST SAMPLE RD SUITE 105  
CORAL SPRINGS, FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew Wallace CFO*  
MATEA WALLACE

*4/28/08* *(954) 753-4883*  
Date Daytime Phone #