2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# P04000107287

Entity Name: HOME HEALTH AGENCY - ARIZONA, INC.

Current Principal Place of Business:

668 N. 44TH STREET
STE 227E
PHOENIX, AZ 85008

New Principal Place of Business:

Current Mailing Address:

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New Mailing Address:

668 N. 44TH STREET
STE 227E
PHOENIX, AZ 85008

FEI Number: 20-1407867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: PD
Name: LOVELL, MIKE
Address: 668 N. 44TH STREET
City-St-Zip: PHOENIX, AZ 85008

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: MIKE LOVELL PD 02/16/2011

Electronic Signature of Signing Officer or Director Date