

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111494

FILED
Apr 09, 2008
Secretary of State

Entity Name: PHYSICIAN CHOICE HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

122 MINORCA AVE
CORAL GABLES, FL 33134

New Principal Place of Business:

8620 SW 85 AVE
MIAMI, FL 33143

Current Mailing Address:

6619 S. DIXIE HWY
#363
MIAMI, FL 33143

New Mailing Address:

8620 SW 85 AVE
MIAMI, FL 33143

FEI Number: 26-1414363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, JORGE
8620 SW 85 AVE
MIAMI, FL 33143 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: DP () Delete
Name: FERNANDEZ, JORGE
Address: 8620 SW 85 AVE
City-St-Zip: MIAMI, FL 33143

Title: D (X) Delete
Name: VAZQUEZ, VINCE A
Address: 9545 SW 70 ST
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JORGE FERNANDEZ

DP

04/09/2008

Electronic Signature of Signing Officer or Director

Date