2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

DOCUMENT# P04000114849

Entity Name: 5 STAR HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

5104 N.ORANGE BLOSSOM TRAIL
116
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

5104 N. ORANGE BLOSSOM TRAIL
116
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 03-0547616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 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: VILABRERA, CONRAD
Address: 838 ARBORMOOR PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: VD
Name: LUCES, MAYLING A
Address: 838 ARBORMOOR PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: TD
Name: LUCES, MAYLING A
Address: 838 AROBORMOOR PLACE
City-St-Zip: LAKE MARY, FL 32746

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: MAYLING LUCES VD 01/19/2011

Electronic Signature of Signing Officer or Director Date