

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122279

FILED
Jan 27, 2009
Secretary of State

Entity Name: MEDSEL HOME HEALTH CARE CORP.

Current Principal Place of Business:

381 N. KROME AVE
SUITE#207
HOMESTEAD, FL 33030

Current Mailing Address:

381 N. KROME AVE
SUITE#207
HOMESTEAD, FL 33030

New Principal Place of Business:

12855 SW 132 ST. BUILDING # 1
SUITE#204
MIAMI, FL 33186

New Mailing Address:

12855 SW 132 ST. BUILDING # 1
SUITE#204
MIAMI, FL 33186

FEI Number: 76-0806311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, ERNESTO
381 N. KROME AVE
SUITE#207
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

SANCHEZ, ERNESTO
12855 SW 132 ST BUILDING #1
SUITE#204
MIAMI, FL 33186 US

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:

01/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANCHEZ, ERNESTO
Address: 381 N. KROME AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: D () Delete
Name: TRINCHET, JAQUELINE
Address: 381 N. KROME AVE SUITE # 207
City-St-Zip: HOMESTAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANCHEZ, ERNESTO
Address: 12855 SW 132 ST
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change () Addition
Name: TRINCHET, JAQUELINE SANCHEZ
Address: 12855 SW 132 ST
City-St-Zip: MIAMI, FL 33186

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: ERNESTO SANCHEZ

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date