


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90018 048 \*\*\*150.00

DOCUMENT # P04000138090

1. Entity Name  
 CADC HOME HEALTH CENTER, INC.



Principal Place of Business      Mailing Address

~~8350 S.W. 8TH STREET~~      ~~8350 S.W. 8TH STREET~~  
~~MIAMI, FL 33144~~      ~~MIAMI, FL 33144~~

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

*7944 S.W. 8st.*      *7944 S.W. 8st.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*MIAMI, FL.*      *MIAMI, FL.*

Zip      Country      Zip      Country

*33144*           *33144*           *33144*           *33144*



03152007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

75-3169596      Not Applicable

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

6. Name and Address of Current Registered Agent

IBANEZ, LUIS A  
 7944 S.W. 8 ST  
 MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	IBANEZ, LUIS A	
STREET ADDRESS	8350 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MACHADO, MAGALY	
STREET ADDRESS	8350 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Machado Magaly*      Date: *4/23/07*      Daytime Phone #: *(305) 269-6845*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR