2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2010
Secretary of State

DOCUMENT# P05000012950

Entity Name: JAX HOME HEALTH, INC.

Current Principal Place of Business:

9191 R.G. SKINNER PARKWAY
SUITE 803
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9191 R.G. SKINNER PARKWAY
SUITE 803
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 38-3715624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HILL, DAVID A PRES.
9191 R.G SKINNER PARKWAY
SUITE 803
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

HILL, DAVID A C.E.O.
9191 R.G SKINNER PARKWAY
SUITE 803
JACKSONVILLE, FL 32256 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: MALORIE S. HILL 02/18/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO
Name: HILL, DAVID A
Address: 9191 R.G SKINNER PKWY SUITE 803
City-St-Zip: JACKSONVILLE, FL 32256

Title: CFO
Name: HILL, MALORIE S
Address: 9191 R.G SKINNER PKWY SUITE 803
City-St-Zip: JACKSONVILLE, FL 32256

Title: PRES
Name: JOHNSON, MARY E
Address: 9191 R.G. SKINNER PKWY., SUITE 803
City-St-Zip: JACKSONVILLE, FL 32256

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: MALORIE S. HILL CFO 02/18/2010
Electronic Signature of Signing Officer or Director Date