

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016399

FILED
Jan 03, 2008
Secretary of State

Entity Name: PRIME HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

4805 NW 79 AVE
SUITE 3
DORAL, FL 33166

New Principal Place of Business:

4815 NW 79 AVE
SUITE 17
DORAL, FL 33166

Current Mailing Address:

4805 NW 79 AVE
SUITE 3
DORAL, FL 33166

New Mailing Address:

4815 NW 79 AVE
SUITE 17
DORAL, FL 33166

FEI Number: 20-2298468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, ESPERANZA D
1691 SW 122 CT STE 107-G
MIAMI, FL 33175 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: VD () Delete
Name: CONCEPCION, JAYROL F
Address: 1849 S OCEAN DR APT 403
City-St-Zip: HALLANDALE, FL 33009

Title: P () Delete
Name: MORALES, ESPERANZA D
Address: 1691 SW 122 CT. SUITE 107-G
City-St-Zip: MIAMI, FL 33175

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: ESPERANZA D MORALES

P

01/03/2008

Electronic Signature of Signing Officer or Director

Date