

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016399

FILED
Apr 22, 2010
Secretary of State

Entity Name: PRIME HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

4815 NW 79 AVE
SUITE 17
DORAL, FL 33166

New Principal Place of Business:

4805 NW 79 AVE
SUITE 17
DORAL, FL 33166

Current Mailing Address:

4815 NW 79 AVE
SUITE 17
DORAL, FL 33166

New Mailing Address:

4805 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:

CONCEPCION, JAYROL F
4815 NW 78 AVE STE 17
DORAL, FL 33166 US

Name and Address of New Registered Agent:

MORALES, MARIETHA
4805 NW 78 AVE STE 17
DORAL, FL 33166 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: MARIETHA MORALES

04/22/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: MORALES, ESPERANZA
Address: 4805 NW 79 AVE STE 17
City-St-Zip: DORAL, FL 33166

Title: VP
Name: CONCEPCION, JAYROL
Address: 4805 NW 79 AVE STE 17
City-St-Zip: DORAL, FL 33166

Title: S
Name: MORALES, MARIETHA
Address: 4805 NW 79 AVE SUITE 17
City-St-Zip: DORAL, FL 33166

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: MARIETHA MORALES

S

04/22/2010

Electronic Signature of Signing Officer or Director

Date