

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000034221

Entity Name: FLORIDA HOME HEALTH AGENCY, INC.

FILED
Sep 22, 2008
Secretary of State

Current Principal Place of Business:

108 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Principal Place of Business:

770 PONCE DE LEON BLVD
301
CORAL GABLES, FL 33134

Current Mailing Address:

108 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

New Mailing Address:

770 PONCE DE LEON BLVD
301
CORAL GABLES, FL 33134

FEI Number: 20-2480505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUERTA, MIRBIAN
8400 SW 133 AVE APT.207
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

LOPEZ, MANUEL
770 PONCE DE LEON BLVD
PENTHOUSE
CORAL GABLES, FL 33134 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: MANUEL LOPEZ

09/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: PUERTA, MIRBIAN
Address: 8400 SW 133 AVE APT.207
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: PUJADAS, PAVEL
Address: 770 PONCE DE LEON
City-St-Zip: MIAMI, FL 33183

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: PAVEL PUJADAS

PS

09/22/2008

Electronic Signature of Signing Officer or Director

Date