

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036541

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: SANTA CLARA HOME HEALTH INC.

**Current Principal Place of Business:**

5601 COLLINS AVE  
CU - 1  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

5601 COLLINS AVE  
CU - 1  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 20-2524439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, MERIDA  
5601 COLLINS AVE  
CU - 1  
MIAMI BEACH, FL 33140 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: P ( ) Delete  
Name: PEREZ, MERIDA  
Address: 5601 COLLINS AVE, STE CU - 1  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MERIDA PEREZ

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date