

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059616

FILED
Jul 24, 2006
Secretary of State

Entity Name: MEDSCAPE HOME HEALTH CARE, INC.

Current Principal Place of Business:

9715 HAMMOCKS BLVD - # 106
MIAMI, FL 33196

New Principal Place of Business:

9010 SW 137TH AVENUE
209
MIAMI, FL 33186

Current Mailing Address:

9715 HAMMOCKS BLVD - # 106
MIAMI, FL 33196

New Mailing Address:

9010 SW 137TH AVENUE
209
MIAMI, FL 33186

FEI Number: 20-2745563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JARAMILLO, RUTH
9715 HAMMOCKS BLVD - # 106
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

JARAMILLO, RUTH
9715 HAMMOCKS BLVD
106
MIAMI, FL 33196 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:

07/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: JARAMILLO, RUTH
Address: 9715 HAMMOCKS BLVD - # 106
City-St-Zip: MIAMI, FL 33196

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 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: RUTH JARAMILLO

PVPS

07/24/2006

Electronic Signature of Signing Officer or Director

Date