

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077748

FILED
Jun 02, 2009
Secretary of State

Entity Name: AMERICAN HOME HEALTH CARE, CORP.

Current Principal Place of Business:

11880 BIRD RD
402
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

11880 BRID RD
402
MIAMI, FL 33175

New Mailing Address:

FEI Number: 20-2919107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERRA, KATIUSKA
14931 SW 30TH TERRACE
MIAMI, FL 33185 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: GUERRA, KATIUSKA
Address: 14931 SW 30TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: VP () Delete
Name: GUERRA, CLOTILDE
Address: 14931 SW 30 TERR
City-St-Zip: MIAMI, FL 33185

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: KATIUSKA GUERRA

P

06/02/2009

Electronic Signature of Signing Officer or Director

Date