


FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
FILED
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2010 DEC 13 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO5000096915	
1. Entity Name GLOBAL NURSING HOME HEALTH, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box # 1756 S.W. 85T		3. Mailing Address 1756 S.W. 85T	
Suite, Apt. #, etc. SUITE 205		Suite, Apt. #, etc. SUITE 205	
City & State TEANE, FLORIDA		City & State TEANE, FLORIDA	
Zip 33135	Country U.S.A.	Zip 33135	Country USA

CR2E034B (11/08)

4. FEI Number 141933903	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name ANTONIO HERRERA	
	Street Address (P.O. Box Number is Not Acceptable) 1756 S.W. 85T	
	SUITE 205	
	City TEANE	FL Zip Code 33135

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PSD	ANTONIO HERRERA 1756 S.W. 85T SUITE 205 TEANE, FLORIDA 33135
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

600188858676
12/20/10--01022--015 **550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO HERRERA PSD 12/16/10 (205)300-3432
Daytime Phone

ADR mbo/10

GLOBAL NURSING HOME HEALTH INC.

December 16, 2010

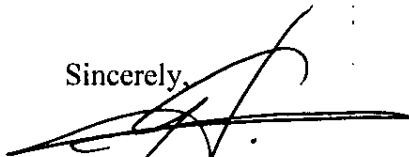
FLORIDA DEPARTMENT OF STATE
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: GLOBAL NURSING HOME HEALTH INC.

Dear Sir or Madame:

Please allow this letter to confirm that GLOBAL NURSING HOME HEALTH INC., Document # P10000075719 has filed Articles of Dissolution to correct a clerical error, and does not intend to file Articles of Revocation of Dissolution. If you have any questions please feel free to contact the undersigned at your convenience.

Sincerely,

A handwritten signature in black ink, appearing to be 'Antonio Herrera', written over a horizontal line.

Antonio Herrera
Incorporator
President

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GLOBAL NURSING HOME HEALTH, INC.

Signature _____

Requested by: SETH

12/20/10 AM

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ ☒ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ ☒ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____