

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100148

Entity Name: HOME HEALTH CARE NETWORK TODAY, INC.

FILED  
Mar 23, 2009  
Secretary of State

**Current Principal Place of Business:**

LILLIAM R. GOMEZ  
2829 SW 4TH STREET  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 134  
BOYNTON BEACH, FL 33425

**New Mailing Address:**

LILLIAM R. GOMEZ  
2829 SW 4TH STREET  
BOYNTON BEACH, FL 33435

FEI Number: 20-4473422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GOMEZ, LILLIAM R  
2829 SW 4TH STREET  
BOYNTON BEACH, FL 33445 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: GOMEZ, LILLIAM R  
Address: 2829 SW 4TH STREET  
City-St-Zip: BOYNTON BEACH, FL 33435

**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: LILLIAM R. GOMEZ

CEO

03/23/2009

Electronic Signature of Signing Officer or Director

Date