# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2009**
**Secretary of State**

DOCUMENT# P05000101900

**Entity Name:** ATENDA HOME VISITING PHYSICIANS, INC.

**Current Principal Place of Business:**

15712 SW 41ST ST - STE 16
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

15712 SW 41ST ST - STE 16
DAVIE, FL 33331

**New Mailing Address:**

**FEI Number: 20-3204650** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

B & C CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER, 21ST FL
2 SOUTH BISCAYNE BLVD
MIAMI, FL 33131 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: PD ( ) Delete
Name: SALAZAR, GUILLERMO
Address: 25712 SW 41ST ST - STE 16
City-St-Zip: DAVIE, FL 33331

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

Title: PD (X) Change ( ) Addition
Name: SALAZAR, GUILLERMO
Address: 15712 SW 41ST ST - STE 16
City-St-Zip: DAVIE, FL 33331

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: GUILLERMO SALAZAR P 04/21/2009

Electronic Signature of Signing Officer or Director — Date