

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000104235

Entity Name: METROPOLITAN HOME HEALTH INC.

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

6365 TAFT STREET
SUITE 3005
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6365 TAFT STREET
SUITE 3005
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 25-1922243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANABRIA, GILBERT JR
6365 TAFT STREET STE 3004
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

SANABRIA, GILBERT JR
6365 TAFT STREET STE 3005
HOLLYWOOD, FL 33024 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:

07/05/2006

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: PD () Delete
Name: ULIN, LOUIS SCOTT
Address: 6365 TAFT STREET STE 3004
City-St-Zip: HOLLYWOOD, FL 33024

Title: VPD () Delete
Name: SANABRIA, GILBERT JR
Address: 6365 TAFT STREET STE 3004
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ULIN, LOUIS SCOTT
Address: 6365 TAFT STREET STE 3005
City-St-Zip: HOLLYWOOD, FL 33024

Title: VPD (X) Change () Addition
Name: SANABRIA, GILBERT JR
Address: 6365 TAFT STREET STE 3005
City-St-Zip: HOLLYWOOD, FL 33024

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: LOUIS SCOTT ULIN

DP

07/05/2006

Electronic Signature of Signing Officer or Director

Date