


.2008 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # P05000115459
 1. Entity Name
 FLORIDACARE HOME HEALTH, CORP.



Principal Place of Business 6801 NW 77 AVE 102 MIAMI, FL 33166	Mailing Address 6801 NW 77 AVE 102 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

FILED
 08 MAY -5 PM 2:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



05022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3331390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

RODRIGUEZ, YOVAN
 6801 NW 77 AVE
 102
 MIAMI, FL 33166

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RODRIGUEZ, YOVAN 6801 NW 77 AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S RODRIGUEZ, CARLOS 6801 NW 77 AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/14/08--01005--021 **150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **5-2-08,** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS