

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000128290

FILED
Jan 05, 2008
Secretary of State

Entity Name: STATEWIDE HOME HEALTH, INC

Current Principal Place of Business:

400 N. PINE ISLAND RD., 2ND FLOOR, #203
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

400 N. PINE ISLAND RD., 2ND FLOOR, #203
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 13-4308435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, MARIBEL F.
7004 NW 81ST PLACE
TAMARAC, FL 33321 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: RODRIGUEZ, MARIBEL
Address: 8838 W. FLAGLER ST., STE. 207
City-St-Zip: MIAMI, FL 33174

Title: V () Delete
Name: TRIGOSO, JOSE
Address: 6305 SW 161 PLACE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RODRIGUEZ, MARIBEL
Address: 7004 NW 81ST PLACE
City-St-Zip: TAMARAC, FL 33321

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: MARIBEL F RODRIGUEZ

P

01/05/2008

Electronic Signature of Signing Officer or Director

_____ Date