

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131267

FILED
Apr 08, 2011
Secretary of State

Entity Name: CARE PLUS HOME HEALTH AGENCY INC.

Current Principal Place of Business:

18800 NW 2ND AVE
MAIMI GARDENS, FL 331694044

New Principal Place of Business:

18800 NW 2ND AVE
SUITE 116
MAIMI GARDENS, FL 331694044

Current Mailing Address:

18800 NW 2ND AVE
MAIMI GARDENS, FL 331694044

New Mailing Address:

18800 NW 2ND AVE
SUITE 116
MAIMI GARDENS, FL 331694044

FEI Number: 59-3829080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORIN, MARIE M
14855 SW 39 CT
MIRAMAR, FL 33027 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

OFFICERS AND DIRECTORS:

Title: D
Name: MORIN, MARIE M
Address: 14855 SW 39 CT
City-St-Zip: MIRAMAR, FL 33027 US

Title: DS
Name: MORIN, WILFRID
Address: 14855 SW 39 CT
City-St-Zip: MIRAMAR, FL 33027

I hereby 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 all other like empowered.

SIGNATURE: MARIE MAUD MORIN

PRES

04/08/2011

Electronic Signature of Signing Officer or Director

Date