



2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000140576 1. Entity Name J.M.C. HOME HEALTH, CORP.						FILED 08 SEP -5 AM 10:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 6801 NW 77 AVE STE 202 MIAMI, FL 33166				Mailing Address 6801 NW 77 AVE STE 202 MIAMI, FL 33166			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
09032008 Chg-P CR2E034 (12/06)				4. FEI Number 20-3638798		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PEREZ, OSCAR R 6801 NW 77 AVE STE 202 MIAMI, FL 33166			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				100135606351 09/09/08--01032--002 **150.00			
TITLE PD NAME PEREZ, OSCAR R STREET ADDRESS 6801 NW 77 AVE STE 202 CITY-ST-ZIP MIAMI, FL 33166				TITLE VD NAME URGELLES, CELESTINO STREET ADDRESS 1526 NW 25 AVE CITY-ST-ZIP MIAMI, FL 33125			
TITLE SD NAME VEGA, MARGARITA STREET ADDRESS 1526 NW 25 AVE CITY-ST-ZIP MIAMI, FL 33125				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

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