2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# P05000148593

Entity Name: A+ QUALITY HOME HEALTH CARE, INC.

Current Principal Place of Business:

1700 NW 64TH STREET, STE. 450
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

1700 NW 64TH STREET
SUITE 450
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

1700 NW 64TH STREET, STE. 450
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

1700 NW 64TH STREET
SUITE 450
FORT LAUDERDALE, FL 33309 US

FEI Number: 20-3756723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASS, DANIEL G
10001 N.W. 50TH STREET
204
SUNRISE, FL 33351 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: ROWE, SANDRA
Address: 6760 S.W. 40TH STREET
City-St-Zip: DAVIE, FL 33314 US

Title: VP ( ) Delete
Name: ROWE, ASTON
Address: 6760 S.W. 40TH STREET
City-St-Zip: DAVIE, FL 33314 US

Title: VP (X) Delete
Name: LIVERPOOL, ANDREA
Address: 6760 S.W. 40TH STREET
City-St-Zip: DAVIE, FL 33314 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROWE, ASTON
Address: 1700 N.W. 64TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: VP (X) Change ( ) Addition
Name: LIVERPOOL, ANDREA
Address: 1700 N.W. 64TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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: ASTON ROWE P 03/11/2008

Electronic Signature of Signing Officer or Director Date