

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158103

**FILED**  
**May 10, 2006**  
**Secretary of State**

**Entity Name:** MED GROUP HOME HEALTH CARE INC.

**Current Principal Place of Business:**

2883 WEST 2ND AVE  
HIALEAH, FL 33010

**New Principal Place of Business:**

250 WEST 49 STREET  
HIALEAH, FL 33012

**Current Mailing Address:**

2883 WEST 2ND AVE  
HIALEAH, FL 33010

**New Mailing Address:**

250 WEST 49 STREET  
HIALEAH, FL 33012

**FEI Number:** 20-4352044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOPEZ, IVAN  
2883 WEST 2ND AVE  
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

LOPEZ, IVAN  
250 WEST 49 STREET  
HIALEAH, FL 33012 US

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

05/10/2006

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: LOPEZ, IVAN  
Address: 2883 WEST 2ND AVE  
City-St-Zip: HIALEAH, FL 33010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PT (X) Change ( ) Addition  
Name: LOPEZ, IVAN  
Address: 250 WEST 49 STREET  
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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: IVAN LOPEZ

Electronic Signature of Signing Officer or Director

PT

05/10/2006

Date