2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010398

Name:

Address:

City-St-Zip:

PENA, REGINA

MIAMI, FL 33155

8672 BIRD ROAD, STE. 204

Entity Name: MJR HOME HEALTH GROUP, INC

FILED May 01, 2008 Secretary of State

Littly Na	IIIE. WIJK NOI	VIL FILALTH GROOF, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8672 BIRD ROAD, STE. 204 MIAMI, FL 33155			8672 BIRD ROAD, STI 204 MIAMI, FL 33155	 ·	
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
8672 BIRD ROAD, STE. 204 MIAMI, FL 33155			8672 BIRD ROAD, STE. 204 204 MIAMI, FL 33155		
FEI Number	: 84-1700755	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car		3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). TORS:	•	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (PENA, MARIBE 8672 BIRD RO MIAMI, FL 331	AD, STE. 204	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (RUIZ, JULIO 8672 BIRD RO MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т (Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIBEL PENA P 05/01/2008