

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000014882

FILED
Jul 04, 2009
Secretary of State

Entity Name: GALLOWAY HOME HEALTH CARE, INC.

Current Principal Place of Business:

6401 SW 87 AVE.
SUITE 102
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

6401 SW 87 AVE.
SUITE 102
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-4205940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACHADO, INGRID
6401 SW 87 AVENUE
SUITE 102
MIAMI, FL 33173 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

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: P () Delete
Name: MACHADO, INGRID
Address: 6401 SW 87 AVE; SUITE 102
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: REY, GLORIA L
Address: 6401 SW 87 AVE., SUITE 102
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: INGRID MACHADO

P

07/04/2009

Electronic Signature of Signing Officer or Director

Date