2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000021251

Entity Name: ATENDA HOME NURSING, INC.- PALM BEACH

FILED Apr 18, 2008 Secretary of State

| Current P | rincipal Place | of Business: | New Principal Place | New Principal Place of Business: | |
|-----------------------------------------------|------------------------------------------------------------------------|---------------------------------|---------------------------------------------|----------------------------------------------|--|
| 15712 SW DAVIE, FL | 41ST ST STE 33331 | 16 | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 15712 SW DAVIE, FL | 41ST ST STE 33331 | 16 | | | |
| FEI Number: | : 20-4268490 | 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: | |
| ONE BISC 2 S BISCA | RPORATE SER AYNE TOWER YNE BLVD 33131 US | | | | |
| | named entity s of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electron | c Signature of Registered Age | ent | Date | |
| Election Car | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DPST () SALAZAR, GUIL 15712 SW 41S ^T DAVIE, FL 333 | ST STE 16 | Title: Name: Address: City-St-Zip: | () 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.

SIGNATURE: GUILLERMO SALAZAR DPST 04/18/2008