

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032193

FILED
Sep 07, 2007
Secretary of State

Entity Name: CAREFLORIDA HOME HEALTH SERVICES INC.

Current Principal Place of Business:

700 E 1ST AVE
HIALEAH, FL 33010

New Principal Place of Business:

4180 W 12 AVE
HIALEAH, FL 33012

Current Mailing Address:

700 E 1ST AVE
HIALEAH, FL 33010

New Mailing Address:

PO BOX 14-4131
CORAL GABLES, FL 33114

FEI Number: 84-1707529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUIRANTES, RAMON
700 E 1ST AVE
HIALEAH, FL 33010 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: D () Delete
Name: QUIRANTES, RAMON
Address: 700 E 1ST AVE
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: QUIRANTES, RAMON
Address: 700 E 1ST AVE
City-St-Zip: HIALEAH, FL 33010

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: RAMON QUIRANTES

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09/07/2007

Electronic Signature of Signing Officer or Director

Date