

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034020

FILED
Apr 10, 2008
Secretary of State

Entity Name: WEST HARBOR HOME HEALTH CARE, CORP

Current Principal Place of Business:

1179 STRASBURG DRIVE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

15192 FAULKNER AVE
PORT CHARLOTTE, FL 33953

Current Mailing Address:

1179 STRASBURG DRIVE
PORT CHARLOTTE, FL 33952

New Mailing Address:

15192 FAULKNER AVE
PORT CHARLOTTE, FL 33953

FEI Number: 04-3849035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VENEGAS, JOAQUIN E
1179 STRASBURG DR
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

VENEGAS, JOAQUIN E
15192 FAULKNER AVE
PORT CHARLOTTE, FL 33953 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: JOAQUIN E VENEGAS

04/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VENEGAS, JOAQUIN E
Address: 1179 STRASBURG DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VENEGAS, JOAQUIN E
Address: 15192 FAULKNER AVE
City-St-Zip: PORT CHARLOTTE, FL 33953

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: JOAQUIN E VENEGAS

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date