2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# P06000034559

Entity Name: PASTEUR HOME HEALTH CARE CENTER INC

Current Principal Place of Business:

551 WEST 51 PL
405-A
HIALEAH, FL 33012

New Principal Place of Business:

551 WEST 51 PL
207
HIALEAH, FL 33012 US

Current Mailing Address:

551 WEST 51 PL
405-A
HIALEAH, FL 33012

New Mailing Address:

551 WEST 51 PL
207
HIALEAH, FL 33012 US

FEI Number: 20-4507426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAVIER, CRISTIAN
220 WEST 68 ST
105
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

AMADOR, IVONNE E
235 W 52ND ST
HIALEAH, FL 33012 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: IVONNE E AMADOR 04/18/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AMADOR, IVONNE E
Address: 235 WEST 52 ST
City-St-Zip: HIALEAH, FL 33012 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: IVONNE E AMADOR P 04/18/2008
Electronic Signature of Signing Officer or Director Date