

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037758

FILED
Apr 28, 2009
Secretary of State

Entity Name: DIMENSION HOME HEALTH CARE, INC

Current Principal Place of Business:

6135 NW 167TH. ST
SUITE: E-28 B
MIAMI, FL 33015 US

New Principal Place of Business:

6135 NW 167TH. ST
SUITE: E-28
MIAMI, FL 33015 US

Current Mailing Address:

6135 NW 167TH. ST
SUITE: E-28 B
MIAMI, FL 33015 US

New Mailing Address:

6135 NW 167TH. ST
SUITE: E-28
MIAMI, FL 33015 US

FEI Number: 20-4507034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PACHON, NANCY
6135 NW 167TH. ST
SUITE: E-28 B
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

PACHON, NANCY
6135 NW 167TH. ST
SUITE: E-28
MIAMI, FL 33015 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: PACHON, NANCY
Address: 6135 NW 167TH. ST STE. E-28 A
City-St-Zip: MIAMI, FL 33015 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: PACHON, NANCY

P/D

04/28/2009

Electronic Signature of Signing Officer or Director

Date