

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040360

FILED
Apr 30, 2008
Secretary of State

Entity Name: LEE HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

861 SE 47TH ST., SUITE B
CAPE CORAL, FL 339151969 Q

New Principal Place of Business:

1208 SE 15TH TERR
CAPE CORAL, FL 33990

Current Mailing Address:

P.O. BOX 151969
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 94-1687665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, RENE
1208 SE 15 TER
CAPE CORAL, FL 33990 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, RENE
Address: P.O. BOX 151969
City-St-Zip: CAPE CORAL, FL 33915

Title: VP () Delete
Name: VISUNA, ESTHER
Address: 1720 SW 49TH LN
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KOVALCHUK, NIKOLAI
Address: 1208 SE 15TH TERR
City-St-Zip: CAPE CORAL, FL 33990

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: RENE ALVAREZ

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date