

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040572

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: MEDCARE HOME HEALTH INC.

## Current Principal Place of Business:

5209 N.W. 74 AVENUE  
#225  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

5209 N.W. 74 AVENUE  
#225  
MIAMI, FL 33166

## New Mailing Address:

FEI Number: 20-4555681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASTILLO, EDULMAN  
5209 N.W. 74 AVENUE  
#225  
MIAMI, FL 33166 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: CASTILLO, EDULMAN  
Address: 5209 NW 74 AVE. #225  
City-St-Zip: MIAMI, FL 33166

Title: V ( ) Delete  
Name: REINALDO, RIOS  
Address: 5209 NW 74 AVE, #225  
City-St-Zip: MIAMI, FL 33166

Title: S ( ) Delete  
Name: RODRIGUEZ, TAMARA T  
Address: 5209 NW 74 AVE #225  
City-St-Zip: MIAMI, FL 33166

Title: T ( ) Delete  
Name: PUCHADES, NELIDA  
Address: 5209 NW 74 AVE. #225  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: RIOS, REINALDO  
Address: 5209 NW 74 AVE, #225  
City-St-Zip: MIAMI, FL 33166

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

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: REINALDO RIOS

V

01/20/2009

Electronic Signature of Signing Officer or Director

Date