

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