2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2010
Secretary of State

DOCUMENT# P06000040572

Entity Name: MEDCARE HOME HEALTH INC.

Current Principal Place of Business:

2083 W 76 ST.
HIALEAH, FL 33016

New Principal Place of Business:

11117 W. OKEECHOBEE RD.
114
HIALEAH GARDENS, FL 33018

Current Mailing Address:

2083 W 76 ST.
HIALEAH, FL 33016

New Mailing Address:

11117 W. OKEECHOBEE RD.
114
HIALEAH GARDENS, FL 33018

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:

CASTILLO, EDULMAN
11117 W. OKEECHOBEE RD.
114
HIALEAH GARDENS, FL 33018 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: EDULMAN CASTILLO 04/09/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: CASTILLO, EDULMAN
Address: 11117 W. OKEECHOBEE RD.
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: V/T
Name: PUCHADES, NELIDA
Address: 11117 W. OKEECHOBEE RD.
City-St-Zip: HIALEAH GARDENS, FL 33018

I hereby 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 all other like empowered.

SIGNATURE: NELIDA PUCHADES V/T 04/09/2010
Electronic Signature of Signing Officer or Director Date