

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046106

Entity Name: HOME AIDE DIAGNOSTICS, INC.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

3300 S.W. 15TH ST.
SUITE 104
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

3300 S.W. 15TH ST.
SUITE 104
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 41-2202039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIRGIS, AMGAD
9524 SAVONA WINDS DR
DELRAY BEACH, FL 33446 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: GIRGIS, AMGAD
Address: 9524 SAVONA WINDS DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: V () Delete
Name: GIRGIS, AKRAM
Address: 9512 SAVONA WINDS DR
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: AKRAM GIRGIS

VP

04/01/2009

Electronic Signature of Signing Officer or Director

Date