2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051767

Entity Name: T & A HOME HEALTH CARE, INC

FILED Mar 20, 2008 Secretary of State

,		WETTER CTTT OF WE, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
3939 NW 7TH ST STE 205 MIAMI, FL 33126				3939 NW 7TH ST SUITE 205 MIAMI, FL 33126		
Current Mailing Address:				New Mailing Address:		
3939 NW 7 MIAMI, FL	7TH ST STE 2 33126	05		3939 NW 7TH ST SUITE 205 MIAMI, FL 33126		
FEI Number:	: 03-0586415	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MIAMI, FL The above	7TH ST STE 2 33126 US named entity:		purpose c	of changing its registere	ed office or registered agent, or both,	
in the State	e of Florida.					
SIGNATUR						
	Electror	ic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () ALVAREZ, TER 14216 SW 11T MIAMI, FL 331	H TERR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	DV () VALLE, GEORG 11114 NW 3RE MIAMI, FL 331	ST		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GEORGINA VALLE DV 03/20/2008