2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# P06000051767

Entity Name: T & A HOME HEALTH CARE, INC.

Current Principal Place of Business:

3939 NW 7TH ST
SUITE 205
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

3939 NW 7TH ST
SUITE 205
MIAMI, FL 33126

New Mailing Address:

FEI Number: 03-0586415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVAREZ, TERESA
3939 NW 7TH ST STE 205
MIAMI, FL 33126 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: DP ( ) Delete
Name: ALVAREZ, TERESA
Address: 14216 SW 11TH TERR
City-St-Zip: MIAMI, FL 33148

Title: DV ( ) Delete
Name: VALLE, GEORGINA
Address: 11114 NW 3RD ST
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ALVAREZ, TERESA
Address: 14216 SW 11TH TERR
City-St-Zip: MIAMI, FL 33184

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: GEORGINA VALLE DV 02/11/2009
Electronic Signature of Signing Officer or Director Date