2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P06000067802

Entity Name: GRACE HOME HEALTHCARE INC

Current Principal Place of Business:

4915 E 1 COURT
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

4915 E 1 COURT
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 20-4897980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

OSMANY, TAPIA
6661 W 13 CRT
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

OSMANY, TAPIA
4935 E 1 COURT
HIALEAH, FL 33012 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: 01/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: TAMARGO, KEVIN
Address: 7201 W 34 LANE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: P ( ) Delete
Name: TAPIA, OSMANY
Address: 66613 W 13 CT
City-St-Zip: HIALEAH, FL 33012

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: OSMANY TAPIA PRES 01/08/2009
Electronic Signature of Signing Officer or Director Date