

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081306

FILED
Apr 17, 2007
Secretary of State

Entity Name: M D M HOME HEALTH CORPORATION

Current Principal Place of Business:

17358 SOUTH DIXIE HIGHWAY
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

17358 SOUTH DIXIE HIGHWAY
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 16-1766338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESA, MAIKEL
6311 SW 80 STREET
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

MESA, MARIA
9970 SW 132 ST
MIAMI, FL 33176 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: MARIA MESA

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MESA, MAIKEL
Address: 6311 SW 80 STREET
City-St-Zip: MIAMI, FL 33143

Title: V (X) Delete
Name: MESA, MARIA
Address: 9970 SW 132 ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MESA, MARIA
Address: 9970 SW 132 ST
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA MESA

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date