

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081983

FILED
Apr 23, 2008
Secretary of State

Entity Name: MDT HOME HEALTH CARE AGENCY, INC.

Current Principal Place of Business:

1701 WEST FLAGLER STREET
310
MIAMI, FL 33130 US

Current Mailing Address:

9835 SW 36 ST
MIAMI, FL 33165

New Principal Place of Business:

1701 WEST FLAGLER STREET
314
MIAMI, FL 33135 US

New Mailing Address:

1701 WEST FLAGLER STREET
314
MIAMI, FL 33135 US

FEI Number: 20-5057918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL TORO, MADELEIDIS
9835 SW 36 ST
MIAMI, FLORIDA, FL 33165 US

Name and Address of New Registered Agent:

DEL TORO, MADELEIDIS
1701 WEST FLAGLER STREET
314
MIAMI, FLORIDA, FL 33135 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:

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEL TORO, MADELEIDIS
Address: 9835 SW 36 ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEL TORO, MADELEIDIS
Address: 1701 WEST FLAGLER STREET STE 314
City-St-Zip: MIAMI, FL 33135

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: MADELEIDIS DEL TORO

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date