

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082656

FILED
Mar 03, 2009
Secretary of State

Entity Name: TRUE CARE HOME HEALTH INC.

Current Principal Place of Business:

12491 S.W. 134TH CT #21
MIAMI, FL 33186

New Principal Place of Business:

28400 S.DIXIE HWY
MIAMI, FL 33033

Current Mailing Address:

12491 S.W.134TH CT #21
MIAMI, FL 33186

New Mailing Address:

P.O.BOX 831225
MIAMI, FL 33283

FEI Number: 20-5432731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASULTO, ALEXIS M
12491 S.W. 134TH CT #21
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

BASULTO, ALEXIS M
28400 S.DIXIE HWY
MIAMI, FL 33033 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: ALEXIS BASULTO

03/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BASULTO, ALEXIS M
Address: 12491 S.W. 134TH CT #21
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BASULTO, ALEXIS M
Address: P.O.BOX 831225
City-St-Zip: MIAMI, FL 33283

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: ALEXIS BASULTO

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date