## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000091684

Entity Name: IDEA HOME HEALTH CARE, INC

FILED Mar 26, 2009 Secretary of State

| Current Principal Place of Business:          |  |                                 | New Principal Place of Business:            |  |  |
|---|--|---------------------------------|---|--|--|
| 42 NW 27<br>404                               | AVE  |                                 |   |  |  |
| MIAMI, FL                                     | 33125  |                                 |   |  |  |
| Current Mailing Address:                      |  |                                 | New Mailing Address                         | New Mailing Address:                         |  |
| 42 NW 27                                      | AVE  |                                 |   |  |  |
| 404<br>MIAMI, FL                              | 33125  |                                 |   |  |  |
| FEI Number                                    | : 20-5177833                                       | FEI Number Applied For ( )      | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |                                 | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| 16040 EAS<br>MIAMI LAR<br>The above           |  | 4 US                            | purpose of changing its registere           | d office or registered agent, or both,       |  |
|   | e of Florida.                                      |                                 |   |  |  |
| SIGNATU                                       |  | nic Signature of Registered Ag  | ont   | <br>Date                                     |  |
| Election Ca                                   |  | ng Trust Fund Contribution ( ). | ent   | Date   |  |
| OFFICERS AND DIRECTORS:                       |  |                                 | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PAINCHAULT,  | ROON CIRCLE                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VD (<br>ALFONSO, M<br>1012 NW 31 A<br>MIAMI, FL 33 | \VE                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | SD (<br>HERRERA, C/<br>3609 SW 16T<br>MIAMI, FL 33 | H TERRACE                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

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: LUIS PAINCHAULT PTD 03/26/2009