

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100201

FILED
Feb 21, 2008
Secretary of State

Entity Name: UNITED STATES HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

11117 W. OKEECHOBEE ROAD
SUITE #211
HIALEAH GARDENS, FL 33018 US

New Principal Place of Business:

Current Mailing Address:

11117 W. OKEECHOBEE ROAD
SUITE #211
HIALEAH, FL 33018 US

New Mailing Address:

FEI Number: 20-5385095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDET, MARITZA
11117 W. OKEECHOBEE ROAD
SUITE #211
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, OLGA
Address: 11117 W. OKEECHOBEE ROAD, SUITE #211
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: ST () Delete
Name: CARDET, MARITZA
Address: 11117 WEST OKEECHOBEE ROAD, STE #211
City-St-Zip: HIALEAH GARDENS, FL 33018

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: OLGA LOPEZ

P

02/21/2008

Electronic Signature of Signing Officer or Director

Date