

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000105743**



1. Entity Name  
**ADVANCE HOME HEALTH, CORP.**

Principal Place of Business  
**5951 NW 151 ST. SUITE 111  
 MIAMI LAKES, FL 33014**

Mailing Address  
**5951 NW 151 ST. SUITE 111  
 MIAMI LAKES, FL 33014**



02272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5405483</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**DEMIEN, ILEANA  
 7467 NW 167 STREET  
 MIAMI, FL 33015**

**DO NOT WRITE  
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMIEN, ILEANA 7467 NW 167 STREET MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DEMIEN, ILEANA 7467 NW 167 STREET MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/10/08-80092-024 150.00

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Ileana Demien**

**03-25-08** **(305) 820-9840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #