

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000112505

FILED
Feb 19, 2007
Secretary of State

Entity Name: VISTA HOME HEALTH CARE, INC.

Current Principal Place of Business:

2205 SE 16TH STREET
CAPE CORAL, FL 33990 US

New Principal Place of Business:

1530 SE 16TH PL
SUITE 4
CAPE CORAL, FL 33990 US

Current Mailing Address:

2205 SE 16TH STREET
CAPE CORAL, FL 33990 US

New Mailing Address:

1530 SE 16TH PL
SUITE 4
CAPE CORAL, FL 33990 US

FEI Number: 20-5482862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOTH, ANGELA
2205 SE 16TH STREET
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

BERTOCCHI, ANGELA
2205 SE 16TH STREET
CAPE CORAL, FL 33990 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: ANGELA BERTOCCHI

02/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOTH, ANGELA
Address: 2205 SE 16TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

Title: CFO () Delete
Name: HISHMEH, YOUSEF S
Address: 3809 NW 84TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERTOCCHI, ANGELA
Address: 2205 SE 16TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

Title: CFO (X) Change () Addition
Name: HISHMEH, YOUSEF S
Address: 2205 SE 16TH ST
City-St-Zip: CAPE CORAL, FL 33990 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELA BERTOCCHI

P

02/19/2007

Electronic Signature of Signing Officer or Director

Date