

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121331

FILED
Apr 30, 2009
Secretary of State

Entity Name: ER HOME NURSING SERVICES, INC.

Current Principal Place of Business:

329 W PALM DR. SUITE 221
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

329 W PALM DR. SUITE 221
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 20-5588814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, EDWIN
329 W PALM DR. SUITE 221
FLORIDA CITY, FL 33034 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: DP () Delete
Name: RIVERA, EDWIN
Address: 329 WEST PALM DRIVE SUITE 221
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EDWIN RIVERA

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date