

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129406

FILED
Apr 22, 2008
Secretary of State

Entity Name: AMERICAN HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

5803 NW 151 ST.
SUITE 101
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5803 NW 151 ST.
SUITE 101
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 43-2112347 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PRYCE, ANTHONY
15450 NEW BARN ROAD #106
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

PRYCE, ANTHONY
5803 NW 151 ST.
SUITE 101
MIAMI LAKES, FL 33014 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: ANTHONY PRYCE

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRYCE, ANTHONY
Address: 15450 NEW BARN ROAD #106
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD () Delete
Name: VALENTINE, RANFORD
Address: 15450 NEW BARN ROAD #106
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRYCE, ANTHONY
Address: 5803 NW 151 ST., SUITE 101
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD (X) Change () Addition
Name: VALENTINE, RANFORD
Address: 5803 NW 151 ST., SUITE 101
City-St-Zip: MIAMI LAKES, FL 33014

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: ANTHONY PRYCE

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date