

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138622

FILED  
Feb 11, 2009  
Secretary of State

Entity Name: GABLES HOME HEALTH, INC.

**Current Principal Place of Business:**

3446 S.W. 8TH ST. #209  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

3446 S.W. 8TH ST. #209  
MIAMI, FL 33135

**New Mailing Address:**

FEI Number: 20-5817074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GOMEZ, GISSELLE  
9830 BAHAMA DR  
MIAMI, FL 33189 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: PD ( ) Delete  
Name: GOMEZ, GISSELLE  
Address: 3446 S.W. 8TH ST. #209  
City-St-Zip: MIAMI, FL 33135

Title: V ( ) Delete  
Name: CHIO, YUNIA I  
Address: 5742 W 2 AVE  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GOMEZ, GISSELLE  
Address: 9830 BAHAMA DRIVE  
City-St-Zip: MIAMI, FL 33189

Title: VP (X) Change ( ) Addition  
Name: CHIO, YUNIA I  
Address: 5742 W 2 AVE  
City-St-Zip: HIALEAH, FL 33012

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: YUNIA I CHIO

VP

02/11/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date