07-24-2007 90039 036 *****8.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED P06000142033

2007 AUG -3 AM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/6/07 90040 013 150.00

DOCUMENT # P06000142033

1. Entity Name
VITALIFE HOME HEALTH CARE INC

Principal Place of Business	Mailing Address
10292 NW 9 STREET CIRCLE APT 203 MIAMI, FL 33172	10292 NW 9 STREET CIRCLE APT 203 MIAMI, FL 33172

07022007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8532 SW 8 ST	8532 SW 8 ST
Suite, Apt. #, etc. 290	Suite, Apt. #, etc. 290
City & State Miami Florida	City & State Miami Florida
Zip 33144 Country USA	Zip 33144 Country USA

4. FEI Number 83-0467731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUAREZ, LILIA M 10292 NW 9 STREET CIRCLE APT 203 MIAMI, FL 33172	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMADRID, RUBERMAN 10292 NW 9 STREET CIRCLE MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GONZALEZ, GEIDY 10292 NW 9 STREET CIRCLE MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SUAREZ, LILIA M 10292 NW 9 STREET CIRCLE MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 07/10/07 (305) 266-8552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/3