

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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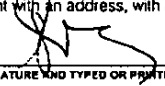
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

216/07 90040 013 150.00



07022007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000142033					
1. Entity Name VITALIFE HOME HEALTH CARE INC					
Principal Place of Business 10292 NW 9 STREET CIRCLE APT 203 MIAMI, FL 33172			Mailing Address 10292 NW 9 STREET CIRCLE APT 203 MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 8532 SW 8 ST			3. Mailing Address 8532 SW 8 ST		
Suite, Apt. #, etc. 290			Suite, Apt. #, etc. 290		
City & State Miami Florida			City & State Miami Florida		
Zip 33144		Country USA		4. FEI Number 83-0467731	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SUAREZ, LILIA M 10292 NW 9 STREET CIRCLE APT 203 MIAMI, FL 33172			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when retaining) Signature, typed or printed name of registered agent and title if applicable. DATE					
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	
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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					

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