

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000149255

FILED
Feb 17, 2009
Secretary of State

Entity Name: PREMIER HOME HEALTH SYSTEMS INC

Current Principal Place of Business:

1840 WEST 49 STREET
SUITE 404
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

1840 WEST 49 STREET
SUITE 404
HIALEAH, FL 33012 US

New Mailing Address:

FEI Number: 20-5994890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABRERA, EMMA
1840 WEST 49 STREET
404
HIALEAH, FL 33018 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: P () Delete
Name: CABRERA, CARLOS
Address: 1840 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012 US

Title: VP () Delete
Name: CABRERA, EMMA
Address: 1840 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012 US

Title: S () Delete
Name: MARTINEZ, NORIS
Address: 1840 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012 US

Title: T () Delete
Name: ARTOLA, ROBERTO
Address: 1840 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012 US

Title: D () Delete
Name: DIAZ, EMMA
Address: 1840 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012 US

Title: D () Delete
Name: DIAZ, GUSTAVO
Address: 1840 WEST 49 STREET
City-St-Zip: HIALEAH, FL 33012 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EMMA CABRERA

VP

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date