## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000149871

CAMEJO, MARÍA E

MIAMI, FL 33186

13550 SW 88TH STREET #230

Name:

Address:

City-St-Zip:

Entity Name: TWO HEARTS HOME HEALTH SERVICES, INC.

FILED Jul 05, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
13550 SW MIAMI, FL	88TH STREE 33186	T #230			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
13550 SW MIAMI, FL	88TH STREE 33186	T #230	13550 SW 88TH ST MIAMI, FL 33186	13550 SW 88TH STREET #112 MIAMI, FL 33186	
FEI Number:	56-2632432	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	QUEZ, EVELY 88TH STREE 33186 US				
	named entity : e of Florida.	submits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not grows Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PUIG VAZQUE	H STREET #230	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CAMEJO, JENI	H STREET #230	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PUIG, ELENA	) Delete H STREET #230 86	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ()	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: EVELYN PUIG VAZQUEZ PRES 07/05/2007