

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000006886

Entity Name: M & D HOMEHEALTH SOLUTIONS, INC.

FILED  
Feb 07, 2008  
Secretary of State

## Current Principal Place of Business:

1871 W 62ND ST  
APT #105  
HIALEAH, FL 33012

## New Principal Place of Business:

19461 NW 77TH CT  
HIALEAH, FL 33015 US

## Current Mailing Address:

1871 W 62ND ST  
APT #105  
HIALEAH, FL 33012

## New Mailing Address:

19461 NW 77TH CT  
HIALEAH, FL 33015 US

FEI Number: 74-3201772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARRIOS, DANIEL  
1871 W 62ND ST  
APT #105  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

MESA, MARIA PD  
19461 NW 77TH CT  
HIALEAH, FL 33015 US

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: MARIA MESA

02/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MESA, MARIA  
Address: 1871 W 62ND ST. APT #105  
City-St-Zip: HIALEAH, FL 33012

Title: VPD ( ) Delete  
Name: BARRIOS, DANIEL  
Address: 1871 W 62ND ST. APT #105  
City-St-Zip: HIALEAH, FL 33012

Title: SD (X) Delete  
Name: BARRIOS, DAYANA  
Address: 1871 W 62ND ST. APT #105  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MESA, MARIA PD  
Address: 19461 NW 77TH CT  
City-St-Zip: HIALEAH, FL 33015 US

Title: VPD (X) Change ( ) Addition  
Name: BARRIOS, DAYANA VPD  
Address: 19461 NW 77TH CT  
City-St-Zip: HIALEAH, FL 33015 US

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: MARIA MESA

PD

02/07/2008

Electronic Signature of Signing Officer or Director

Date