

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012107

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** FIRST CARE HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

3750 W 16 AVE  
SUITE #142-U  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

3750 W 16 AVE  
SUITE #142-U  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 68-0644059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MENA, MARIO  
6341 HUTCHINSON ROAD  
MIAMI LAKES, FL 33914 US

**Name and Address of New Registered Agent:**

MENA, MARIO  
6341 HUTCHINSON ROAD  
MIAMI LAKES, FL 33014 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: MARIO MENA

04/21/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MENA, MARIO  
Address: 6341 HUTCHISON RD  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MENA, MARIO  
Address: 6341 HUTCHINSON RD  
City-St-Zip: MIAMI LAKES, FL 33014

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: MARIO MENA

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date