

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023137

FILED
Jan 23, 2009
Secretary of State

Entity Name: NIGHTINGALE HOME HEALTH CARE OF MIAMI INC

Current Principal Place of Business:

1345 LINCOLN ROAD
505
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1345 LINCOLN ROAD
505
MIAMI BEACH, FL 33139 US

FEI Number: 20-8486522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

4471 NW 36TH STREET
SUITE # 212
MIAMI SPRINGS, FL 33166 US

New Mailing Address:

4471 NW 36TH STREET
SUITE # 212
MIAMI SPRINGS, FL 33166 US

Name and Address of Current Registered Agent:

CAMACHO, LISYS
1345 LINCOLN ROAD
505
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CAMACHO, LISYS
4471 NW 36TH STREET
SUITE # 212
MIAMI SPRINGS, FL 33166 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:

Electronic Signature of Registered Agent

01/23/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPEZ, PEDRO R
Address: 1345 LINCOLN ROAD APT 505
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP () Delete
Name: CAMACHO, LISYS
Address: 1345 LINCOLN ROAD APT 505
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, PEDRO R
Address: 4471 NW 36TH STREET # 212
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: VP (X) Change () Addition
Name: CAMACHO, LISYS
Address: 4471 NW 36TH STREET # 212
City-St-Zip: MIAMI SPRINGS, FL 33166 US

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: PEDRO R. LOPEZ

Electronic Signature of Signing Officer or Director

P

01/23/2009

Date