## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000027975

City-St-Zip:

MIAMI, FL 33174

Entity Name: MICHI HOME HEALTH CARE, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
9582 SW 1 STREET MIAMI, FL 33174				
Current Mailing Address:		New Mailing Address:		
9582 SW 1 STREET MIAMI, FL 33174				
FEI Number: 39-2053583	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of	Current Registered Agent:	Name and Address of	me and Address of New Registered Agent:	
PEREZ, ANA H 9582 SW 1 STREET MIAMI, FL 33174 US	6			
The above named entity in the State of Florida.	submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financi	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P ( Name: PEREZ, ANA		Title: ( Name:	( ) Change ( ) Addition	

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: ANA H PEREZ P 04/07/2009