


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90077 015 ***158.75

DOCUMENT # P07000034558	
1. Entity Name HOME HEALTH CARE MANAGEMENT SERVICES INC.	

Principal Place of Business 3914 NE 12TH DRIVE HOMESTEAD, FL 33033	Mailing Address 3914 NE 12TH DRIVE HOMESTEAD, FL 33033
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2. Principal Place of Business - No P.O. Box # 2332 Gallinades Boulevard Suite, Apt. #, etc. ST.	3. Mailing Address 3914 NE 12TH DRIVE Suite, Apt. #, etc. 1
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City & State Coral Gables, FL	City & State Homestead, FL
Zip 33134	Zip 33033
Country USA	Country USA



04262008 Chg-P CR2E034 (12/06)

4. FEI Number 208656315	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OLLIVIERRE, MICHELLE 3914 NE 12TH DRIVE HOMESTEAD, FL 33033	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Michelle Ollivierre, President</i>	DATE 4/29/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLLIVIERRE, MICHELLE 3914 NE 12TH DRIVE HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Michelle Ollivierre</i>	DATE: 4/29/08 305-728-7052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #