

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034558

FILED
Mar 05, 2009
Secretary of State

Entity Name: HOME HEALTH CARE MANAGEMENT SERVICES INC.

Current Principal Place of Business:

2332 GALLIANO
250
CORAL GABLES, FL 33134

New Principal Place of Business:

10240 SW 56TH STREET
112C
MIAMI, FL 33165

Current Mailing Address:

3914 NE 12TH DRIVE
HOMESTEAD, FL 33033

New Mailing Address:

973 NE 30TH AVENUE
HOMESTEAD, FL 33033

FEI Number: 20-8656315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLLIVIERRE, MICHELLE
3914 NE 12TH DRIVE
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

OLLIVIERRE, MICHELLE PRESIDE
3914 NE 12TH DRIVE
HOMESTEAD, FL 33033 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: MICHELLE OLLIVIERRE

03/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLLIVIERRE, MICHELLE
Address: 3914 NE 12TH DRIVE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLLIVIERRE, MICHELLE
Address: 973 NE 30TH AVENUE
City-St-Zip: HOMESTEAD, FL 33033

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: MICHELLE OLLIVIERRE

PRES

03/05/2009

Electronic Signature of Signing Officer or Director

Date