2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# P07000041028

Entity Name: NURSING PROLIFE HOME HEALTH CORP.

Current Principal Place of Business:

11981 SW 144TH CT SUITE 108
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11981 SW 144TH CT SUITE 108
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-8767787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, JULIO V
11981 SW 144TH CT SUITE 108
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: QUESADA, ANDRES
Address: 2220 SE 26TH LANE
City-St-Zip: HOMESTEAD, FL 33035

Title: V ( ) Delete
Name: DIAZ, JULIO V
Address: 810 SW 105TH AVE #505
City-St-Zip: MIAMI, FL 33174

Title: T ( ) Delete
Name: LEON, LILIA
Address: 9045 SW 165TH PL
City-St-Zip: MIAMI, FL 33196

Title: S ( ) Delete
Name: RODRIGUEZ, YUSMARY
Address: 2251 SW 27TH ST APT 7
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ANDRES QUESADA P 04/21/2008

Electronic Signature of Signing Officer or Director — Date