

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041028

FILED  
Apr 26, 2009  
Secretary of State

**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 27TH 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:** LILIA LEON

T

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date