

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041028

FILED
Apr 19, 2010
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:

14331 SW 120 STREET
SUITE # 213
MIAMI, FL 33186

Current Mailing Address:

11981 SW 144TH CT SUITE 108
MIAMI, FL 33186

New Mailing Address:

14331 SW 120 STREET
SUITE # 213
MIAMI, FL 33186

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:

DIAZ, JULIO V
810 SW 105TH AVE
APT.# 505
MIAMI, FL 33174 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:

04/19/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JULIO V.DIAZ

V

04/19/2010

Electronic Signature of Signing Officer or Director

Date