

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000043375

FILED  
May 01, 2009  
Secretary of State

Entity Name: NOEL HOME HEALTH SERVICES INC

## Current Principal Place of Business:

850 WEST 49TH STREET APT 708  
HIALEAH, FL 33012

## New Principal Place of Business:

1756 NORTH BAYSHORE DR  
37-M  
MIAMI, FL 33132

## Current Mailing Address:

850 WEST 49TH STREET APT 708  
HIALEAH, FL 33012

## New Mailing Address:

1756 NORTH BAYSHORE DR  
37-M  
MIAMI, FL 33132

FEI Number: 20-8820848

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, ESTELA  
220 W 68 STREET APT 708  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

SANCHEZ, SEVERINO N  
1756 NORTH BAYSHORE DR  
37-M  
MIAMI, FL 33132 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: SEVERINO N SANCHEZ

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SANCHEZ, SEVERINO  
Address: 850 WEST 49TH STREET APT 708  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SANCHEZ, SEVERINO  
Address: 1756 NORTH BAYSHORE DR 37-M  
City-St-Zip: MIAMI, FL 33132

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: SEVERINO SANCHEZ

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date