

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051000

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: WELLNESS HOME HEALTH CARE AGENCY, INC

## Current Principal Place of Business:

15476 NW 77 CT  
279  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

6447 MIAMI LAKES DR. EAST  
225F  
MIAMI LAKES, FL 33014

## Current Mailing Address:

15476 NW 77 CT  
279  
MIAMI LAKES, FL 33016

## New Mailing Address:

6447 MIAMI LAKES DR. EAST  
225F  
MIAMI LAKES, FL 33014

FEI Number: 30-0417193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FABELO, OSVALDO D  
15476 NW 77 CT.  
279  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

FABELO, OSVALDO D  
6447 MIAMI LAKES DR. EAST  
225F  
MIAMI LAKES, FL 33014 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FABELO, OSVALDO D  
Address: 15476 NW 77 CT. STE 279  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP ( ) Delete  
Name: FABELO, OSVALDO  
Address: 15476 NW 77 CT. STE 279  
City-St-Zip: MIAMI LAKES, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FABELO, OSVALDO D  
Address: 19701 E. LAKE DR  
City-St-Zip: HIALEAH, FL 33015

Title: VP (X) Change ( ) Addition  
Name: FABELO, OSVALDO  
Address: 19701 E. LAKE DR.  
City-St-Zip: HIALEAH, FL 33015

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: OSVALDO D. FABELO

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date