

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051000

Entity Name: WELLNESS HOME HEALTH CARE AGENCY, INC

FILED
Apr 28, 2008
Secretary of State

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