

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059770

FILED
Jun 17, 2009
Secretary of State

Entity Name: LIKE MOTHER HANDS HOME HEALTH CARE, CORP

Current Principal Place of Business:

6356 MANOR LN
SUITE 105
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6356 MANOR LN
SUITE 105
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 26-0210325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANCHEZ, MARLENE
9184 NW 119 TER
#198
HIALEAH GARDENS, FL 33018 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

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: P () Delete
Name: DIAZ, EDITH V
Address: 11775 SW 119 PL
City-St-Zip: MIAMI, FL 33186 US

Title: VP () Delete
Name: SANCHEZ, MARLENE
Address: 9184 NW 119 TER #198
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VP () Delete
Name: YANES, LUIS E
Address: 2833 SW 132 PL
City-St-Zip: MIAMI, FL 33175

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:

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: EDITH V. DIAZ

Electronic Signature of Signing Officer or Director

P

06/17/2009

Date