

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063105

FILED  
May 25, 2010  
Secretary of State

**Entity Name:** REDI-NURSE HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

730 SE 8 ST., STE. 110  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

730 SE 8 ST., STE. 110  
HIALEAH, FL 33010

**New Mailing Address:**

FEI Number: 26-0175172      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RODRIGUEZ, BEATRIZ  
890 SE 4 ST.  
HIALEAH, FL 33010      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  
Name: RODRIGUEZ, BEATRIZ  
Address: 890 SE 4 ST.  
City-St-Zip: HIALEAH, FL 33010

Title: V  
Name: RODRIGUEZ, RICARDO  
Address: 890 SE 4 ST.  
City-St-Zip: HIALEAH, FL 33010

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: BEATRIZ RODRIGUEZ

P

05/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date