

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066087

Entity Name: D.P.S. HOME HEALTH AGENCY, INC

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

16437 80TH ST. N
LOXAHATCHEE, FL 33470

New Principal Place of Business:

900 U.S HIGHWAY 1
102
LAKE PARK, FL 33403

Current Mailing Address:

16437 80TH ST. N
LOXAHATCHEE, FL 33470

New Mailing Address:

900 U.S HIGHWAY 1
102
LAKE PARK, FL 33403

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DORVAL, MARIE-CLAUDE
16437 80TH ST. N
LOXAHATCHEE, FL 33470 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: DORVAL, MARIE-CLAUDE
Address: 16437 80TH ST. N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP () Delete
Name: PREVILUS, MARIE RACHEL
Address: 16665 83RD PLACE N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DON (X) Delete
Name: SAINT-JUSTE, MIREILLE J
Address: 14600 77TH PLACE N
City-St-Zip: LOXAHACHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DORVAL, MARIE-CLAUDE
Address: 16437 80TH. ST. N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP (X) Change () Addition
Name: ST. JUSTE, MIREILLE J
Address: 16400 77TH. PLACE N
City-St-Zip: LOXAHATCHEE, FL 33470

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: M.CLAUDE DORVAL

ADM

07/08/2008

Electronic Signature of Signing Officer or Director

Date