

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066087

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

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

New Principal Place of Business:

900 FEDERAL HIGHWAY
SUITE 102
LAKE PARK, FL 33403 US

New Mailing Address:

900 FEDERAL HIGHWAY
SUITE 102
LAKE PARK, FL 33403 US

FEI Number: 26-0166694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

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: ST. JUSTE, MIREILLE J
Address: 16400 77TH. PLACE N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP () Change (X) Addition
Name: LAURENT, DOROTHY VP
Address: 900 FEDERAL HIGHWAY
City-St-Zip: SUITE 102, FL 33403

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

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date