# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 08, 2008**
**Secretary of State**

DOCUMENT# P07000067853

**Entity Name:** HOME HEALTH CARE THE HEART OF FLORIDA, INC.

**Current Principal Place of Business:**

1226 HOLLY HILL ROAD
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2245
DAVENPORT, FL 33838

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SALAS, LOUIS
908 CANNES DRIVE
POINCIANA, FL 34759 US

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

SALAS, LOUIS
1226 HOLLY HILL RD
DAVENPORT, FL 33837 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: 07/08/2008
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: SALAS, LOUIS
Address: 908 CANNES DRIVE
City-St-Zip: POINCIANA, FL 34759

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: SALAS, LOUIS
Address: 1226 HOLLY HILL RD.
City-St-Zip: DAVENPORT, FL 33837

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: LOUIS SALAS P 07/08/2008
Electronic Signature of Signing Officer or Director Date