


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90018 013 ***150.00

DOCUMENT # P07000068796 1. Entity Name FLORIDA NATIONAL HOME HEALTH CARE INC.					
Principal Place of Business 5263 SW 165 CT MIAMI, FL 33185			Mailing Address 5263 SW 165 CT MIAMI, FL 33185		
2. Principal Place of Business - No P.O. Box # 2500 NW 79 Avenue		3. Mailing Address 2500 NW 79 Avenue			
Suite, Apt. #, etc. # 245		Suite, Apt. #, etc. # 245			
City & State Miami, FL		City & State Miami, FL			
Zip 33122	Country USA	Zip 33122	Country USA	4. FEI Number 26-0383018	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CRUZ, OSVALDO L 5263 SW 165 CT MIAMI, FL 33185			7. Name and Address of New Registered Agent Name Osvaldo L. Cruz Street Address (P.O. Box Number is Not Acceptable) 2500 NW 79 Avenue, #245 City Miami		
8. 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. I am familiar with, and accept the obligations of registered agent.			DATE 05/21/2008		
SIGNATURE _____ <small>Signature, type or printed name of registered agent and title if available</small>			<small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME CRUZ, OSVALDO L		TITLE P	NAME Cruz, Osvaldo L.	
STREET ADDRESS 5263 SW 165 CT	CITY-ST-ZIP MIAMI, FL 33185		STREET ADDRESS 2500 NW 79 Ave, # 245	CITY-ST-ZIP Miami, FL 33122	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					