


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90026 032 \*\*\*158.75

DOCUMENT # P07000071544					
1. Entity Name DIVERSIFIED HOME HEALTH AGENCY, INC.					
Principal Place of Business 20401 NW 2ND AVENUE SUITE 301A MIAMI, FL 33169			Mailing Address 20401 NW 2ND AVENUE SUITE 301A MIAMI, FL 33169		
2. Principal Place of Business - No P.O. Box # <b>20401 NW 2ND AVE</b>		3. Mailing Address <b>20401 NW 2ND AVE</b>			
Suite, Apt. #, etc. <b>301-A</b>		Suite, Apt. #, etc. <b>301-A</b>			
City & State <b>MIAMI GARDENS, FL.</b>		City & State <b>MIAMI GARDENS, FL.</b>			
Zip <b>33169</b>		Country <b>USA</b>		4. FEI Number <b>260405029</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  JAMES, PORTIA 1130 N.W. 90TH STREET MIAMI, FL 33150			7. Name and Address of New Registered Agent  Name <b>PORTIA JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1130 NW 90 ST.</b> City <b>MIAMI</b> FL Zip Code <b>33150</b>		
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.  SIGNATURE <u><i>Portia James</i></u> DATE <u><i>3/2/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, PORTIA 1130 NW 90TH STREET MIAMI, FL 33150 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAWRENCE, AUDREY 21205 NW 14TH PLACE #219 MIAMI GARDENS, FL 33169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, BARBARA D 6851 PARK STREET HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIVINGSTON, JOSEPHINE 2960 NW 163RD STREET MIAMI, FL 33054 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Portia James</i></u>		Date <u><i>3/2/08</i></u>		Daytime Phone # <u><i>305 696 4879</i></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					