

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071544

FILED
Mar 02, 2009
Secretary of State

Entity Name: DIVERSIFIED HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

20401 NW 2ND AVE
301-A
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

20401 NW 2ND AVE
301-A
MIAMI, FL 33169

New Mailing Address:

FEI Number: 26-0405029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, PORTIA
1130 NW 90 ST.
MIAMI, FL 33150 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: JAMES, PORTIA
Address: 1130 NW 90TH STREET
City-St-Zip: MIAMI, FL 33150

Title: V () Delete
Name: LAWRENCE, AUDREY
Address: 21205 NW 14TH PLACE #219
City-St-Zip: MIAMI GARDENS, FL 33169

Title: S () Delete
Name: SMITH, BARBARA D
Address: 6851 PARK STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: T () Delete
Name: LIVINGSTON, JOSEPHINE
Address: 2960 NW 163RD STREET
City-St-Zip: MIAMI, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PORTIA JAMES

DIR

03/02/2009

Electronic Signature of Signing Officer or Director

Date