

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072562

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: DADE-KENDALL HOME HEALTHCARE SERVICES, INC.

## Current Principal Place of Business:

7324 SW 48TH STREET  
MIAMI, FL 33155

## New Principal Place of Business:

## Current Mailing Address:

7324 SW 48TH STREET  
MIAMI, FL 33155

## New Mailing Address:

FEI Number: 26-0602441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALZADILLA, ELDA  
151 CRANDON BOULEVARD  
APT 320  
KEY BISCAYNE, FL 33149 US

## Name and Address of New Registered Agent:

CALZADILLA, ELDA  
7324 SW 48ST.  
MIAMI, FL 33155 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete  
Name: IZQUIERDO, FRANCIS  
Address: 181 CRANDON BLVD #104  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VP,T ( ) Delete  
Name: CALZADILLA, ELDA  
Address: 151 CRANDON BLVD # 320  
City-St-Zip: KEY BISCAYNE, FL 33149 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: IZQUIERDO, FRANCIS  
Address: P.O. BOX 490368  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VP,T (X) Change ( ) Addition  
Name: CALZADILLA, ELDA  
Address: P.O. BOX 490368  
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: FRANCIS IZQUIERDO

PS

04/30/2008

Electronic Signature of Signing Officer or Director

Date