

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073894

FILED
Apr 09, 2008
Secretary of State

Entity Name: ADVANTAGE PRIVATE HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

607 S. MISSOURI AVENUE
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

607 S. MISSOURI AVENUE
LAKELAND, FL 33815

New Mailing Address:

P.O. BOX 2767
LAKELAND, FL 33806

FEI Number: 26-0469234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, JIM D
500 S. FLORIDA AVENUE
SUITE 640
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

LAZARRE, MARGALINE
607 S. MISSOURI AVENUE
LAKELAND, FL 33815 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: MARGALINE LAZARRE

04/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAZARRE, MARGALINE
Address: 4935 MARLA AVENUE
City-St-Zip: LAKELAND, FL 33812 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change () Addition
Name: LAZARRE, MARGALINE
Address: 4935 MARLA AVENUE
City-St-Zip: LAKELAND, FL 33812 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: MARGALINE LAZARRE

CEO

04/09/2008

Electronic Signature of Signing Officer or Director

Date