## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000074251

Entity Name: SUZIE & DAVE HOME HEALTH CARE SERVICES, INC.

FILED May 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
15823 SW MIRAMAR	21ST , FL 33027				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
15823 SW MIRAMAR	21 ST , FL 33027		15823 SW 21ST MIRAMAR, FL 33027		
FEI Number:	: 06-1812619	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	202ND STREE	ET 30561722 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n g Trust Fund Contribution (  ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( FORTUNE, MA 15823 SW 218 MIRAMAR, FL	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT ( JOISEUS, ALE 15823 SW 218 MIRAMAR, FL	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ALEXANDER JOISEUS MR 05/12/2009