

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000084669

FILED
Jan 21, 2010
Secretary of State

Entity Name: ANGELES HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

1541 SE 12 AVE.
SUITE 18
HOMESTEAD, FL 33035

New Principal Place of Business:

1541 SE 12 AVE.
SUITE 18
FLORIDA CITY, FL 33034

Current Mailing Address:

1492 EGRET RD.
HOMESTEAD, FL 33035

New Mailing Address:

FEI Number: 30-0432562 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NARIO, NAYRA
1492 EGRET RD.
HOMESTEAD, FL 33035 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
Name: NARIO, NAYRA
Address: 1492 EGRET RD.
City-St-Zip: HOMESTEAD, FL 33035

Title: VP
Name: BASNUEVO, LISBETH
Address: 1492 EGRET RD.
City-St-Zip: HOMESTEAD, FL 33035

Title: S
Name: NARIO, NAYRA
Address: 1492 EGRET RD.
City-St-Zip: HOMESTEAD, FL 33035

Title: T
Name: BASNUEVO, LISBETH
Address: 1492 EGRET RD.
City-St-Zip: HOMESTEAD, FL 33035

I hereby 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 all other like empowered.

SIGNATURE: NAYRA NARIO

P

01/21/2010

Electronic Signature of Signing Officer or Director

Date