2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P07000084677

Entity Name: THE ROSES' HOME HEALTHCARE, INC.

Current Principal Place of Business:

8825 PERIMETER PARK BLVD, STE 402
JACKSONVILLE, FL 322161124

New Principal Place of Business:

Current Mailing Address:

8825 PERIMETER PARK BLVD, STE 402
JACKSONVILLE, FL 322161124

New Mailing Address:

FEI Number: 26-0637339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD SUITE 201
JACKSONVILLE, FL 32207 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: D ( ) Delete
Name: LERUM, ROSARIO F
Address: 13059 HIGHLAND GLEN WAY NORTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: SMITH, ROSANNA L
Address: 13128 QUINCY BAY DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: SEC ( ) Delete
Name: HILL, ROSABEL
Address: 1693 TIMBER CROSSING LANE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: HILL, ROSABEL
Address: 1693 TIMBER CROSSING LANE
City-St-Zip: JACKSONVILLE, FL 32225

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: ROSABEL L. HILL D 04/29/2009
Electronic Signature of Signing Officer or Director Date