2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2008 8:00 am Secretary of State 02-06-2008 90030 026 ***150.00

DOCUMENT # P0700085627 1. Entity Name ALPHA & OMEGA HOME HEALTH AGENCY, CORP.)	02-06-200	90030 ()26 ***15	50.00
Principal Place of Business 2742 SOUTHWEST 8TH STREET SUITE #206 MIAMI, FL 33135				Mailing Address 2742 SOUTHWEST 8TH STREET SUITE #206 MIAMI, FL 33135							
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							.
Suite. Apt. #, etc.				Suite, Apt. #, etc.			01282008	Chg-P	CR2E03	34 (12/06)	
City & State				City & State			4. FEI Numb	-39667	63		plied For at Applicable
Zip	Country			Zip Coun		try				\$8.75 Addi	itional
	6. Name and Address of Current Re			stered Agent	red Agent Name		7. Name and	Address of New I			
DANIEL, LUIS G						Street Address (P.O. Box Number is Not Acceptable)					
SUITE #20	6	8TH STREET				Olicer Abdiess	(1.0.00×140/10	or to their recognition			
MIAMI, FŁ	33135				City				FL	Zip Code	9
			ment for the t	ourpose of changing	its registere	 ed office or registe	ered agent, or bo	th, in the State of F		amiliar with,	and accept
	ions of regis	tered agent.)					0	2/01/2	1 200 B	
SIGNATURE.	Signature, typed	or printed name of registe	red agent and title	it applicable. (f	VOTE: Registere	d Agent signature raquire	ed when reinstating)		DATÉ		
		FEE IS \$150. 8 Fee will be \$		9. Election Carr Trust Fund C		5.00 May Be ded to Fees					
10.		OFFICER	IS AND DIRE		11.		ADDITIONS	CHANGES TO OF	FICERS AND		
TITLE NAME	PT Delete 177 DANIEL, LUIS L NA									☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP					,
TITLE NAME	VS Delete TITT TORRES, ZAIDA L NA									☐ Change	☐ Addition
STREET ADDRESS	2742 SOUTHWEST 8TH STREET, STE. 206					ET ADDRESS					
CITY-ST-ZIP TITLE	MIAMI, FL 33135 CITY Delete TITL					-ST-ZIP				☐ Change	Addition
NAME STREET ADDRESS	NAM					E ET ADORESS					
CITY-ST-ZIP	- CITY					-ST-ZIP-	<u> </u>				
TITLE NAME				☐ Delete	TITLI NAM					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					
TITLE				☐ Delete	TITU			· •		☐ Change	Addition
NAME STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP				☐ Delete	TITL	-ST-ZIF				☐ Change	Addition
NAME STREET ADDRESS					NAM STRE	EET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP ,				,	,
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my 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 fusive empowered to px-secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNAT	URE: _	1	au	e/	AED OR FOR	TOR	02/	Date	305-0	643-2	180
		SIGNATURE AND TY	FED OR PRINTE	D NAME OF SIGNING OFFI	CER ON DIREC	IUK		· Date	L):	ayette Friong #	,