

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000088080

FILED
Feb 26, 2009
Secretary of State

Entity Name: LIFE HOME HEALTH SERVICES INC

Current Principal Place of Business:

10511 N KENDALL DR
SUITE C-204
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10511 N KENDALL DR
SUITE C-204
MIAMI, FL 33176

New Mailing Address:

FEI Number: 42-1739315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCENCIBIA, YANICEL
10511 N KENDALL DR
SUITE C-204
MIAMI, FL 33176 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: PD () Delete
Name: ARENCIBIA, YANICEL
Address: 10511 N KENDALL DR SUITE C-204
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: DIAZ, DELFIN
Address: 10511 N KENDALL DR SUITE C-204
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DELFIN DIAZ

VD

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date