

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097145

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** GOVERNMENT HOME HEALTH AGENCY CORP

**Current Principal Place of Business:**

11250 SW 13TH STREET  
SUITE 202  
PEMBROKE PINES, FL 33025 US

**Current Mailing Address:**

P O BOX 111076  
HIALEAH, FL 33011 US

**New Principal Place of Business:**

11250 S.W. 13TH STREET  
SUITE 202  
PEMBROKE PINES, FL 33025 US

**New Mailing Address:**

11250 S.W. 13TH STREET  
UNIT 202  
PEMBROKE PINES, FL 33025 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MADRIGAL, YENIEL  
11250 SW 13TH STREET  
UNIT 202  
PEMBROKE PINES, FL 33025 US

**Name and Address of New Registered Agent:**

MADRIGAL, YENIEL  
11250 S.W. 13TH STREET  
UNIT 202  
PEMBROKE PINES, FL 33025 US

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: YENIEL MADRIGAL

03/24/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSDT ( ) Delete  
Name: MADRIGAL, YENIEL  
Address: 11250 SW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSDT (X) Change ( ) Addition  
Name: MADRIGAL, YENIEL  
Address: 11250 S.W. 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33025

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: YENIEL MADRIGAL

PSDT

03/24/2009

Electronic Signature of Signing Officer or Director

Date