

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106762

FILED
May 09, 2008
Secretary of State

Entity Name: NATIONAL TOPNOTCH HOME HEALTH CARE INC.

Current Principal Place of Business:

8055 CORAL WAY
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

8055 CORAL WAY
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 26-1136245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, XIOMARA
2380 SW 80 CT
MIAMI, FL 33155 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: RIVERO, DANIEL
Address: 117 NW 42ND AVE APT 914
City-St-Zip: MIAMI, FL 33126 US

Title: VPD () Delete
Name: AZAN, ALFREDO H
Address: 10838 NANTUCKET TERRACE
City-St-Zip: POTOMAC, FL 20854 US

Title: SD () Delete
Name: LEE, XIOMARA
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: AZAN, ALFREDO H
Address: 10838 NANTUCKET TERRACE
City-St-Zip: POTOMAC, MD 20854 US

Title: PD (X) Change () Addition
Name: LEE, XIOMARA
Address: 2380 SW 80 CT
City-St-Zip: MIAMI, FL 33155 US

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: XIOMARA LEE

PD

05/09/2008

Electronic Signature of Signing Officer or Director

Date