2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# P07000109205

Entity Name: FLORIDA NURSES HOME HEALTH AGENCY, INC.

FILING CANCELLED
RETURNED CHECK

Current Principal Place of Business:

640 N.E. 149 STREET
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

640 N.E. 149 STREET
NORTH MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 06-1825630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAYNE, NATASHA D ESQ
4301 SOUTH FLAMINGO RD
STE 106-121
FORT LAUDERDALE, FL 33330 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: P
Name: CAMPBELL, DAPHNE
Address: 640 N.E. 149 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: VP/T
Name: BARRETT, MICHELLE
Address: 640 N.E. 149 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: D
Name: FRANCOIS, ELSIE
Address: 640 N.E. 149 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: S
Name: JONES, SYLVIA
Address: 640 N.E. 149 STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

I hereby 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 all other like empowered.

SIGNATURE: DAPHNE CAMPBELL PD 05/03/2010

Electronic Signature of Signing Officer or Director Date