

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111779

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: MED PRO HOME HEALTH SERVICE, INC.

**Current Principal Place of Business:**

12905 SW 42 ST.  
SUITE 109  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

12905 SW 42 ST.  
SUITE 109  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 26-1215547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERNANDEZ-PILOTO, SUHEYL  
12905 SW 42 ST.  
SUITE 109  
MIAMI, FL 33175 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: HERNANDEZ-PILOTO, SUHEYL  
Address: 12905 SW 42 ST. SUITE 109  
City-St-Zip: MIAMI, FL 33175

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

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: SUHEYL HERNANDEZ-PILOTO

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date