


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90048 004 ***158.75

DOCUMENT # P07000121930 1. Entity Name HERNANDO HOME HEALTH CARE INC.					
Principal Place of Business 21000 EXETER CT BROOKSVILLE, FL 34601			Mailing Address 21000 EXETER CT BROOKSVILLE, FL 34601		
2. Principal Place of Business - No P.O. Box # 6149 Deltona Blvd.		3. Mailing Address Suite, Apt. #, etc.			
City & State Spring Hill, FL		City & State			
Zip 34606		Country Hernando		Zip	
Country		4. FEI Number 83-0498533			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORREA, EVELYN 21000 EXETER CT BROOKSVILLE, FL 34601			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, RAFAEL 21000 EXETER CT BROOKSVILLE, FL 34601		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORREA, EVELYN 21000 EXETER CT BROOKSVILLE, FL 34601		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-22-08 352 596-4205 <small>Date Daytime Phone #</small>		