

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000121930

FILED
Jun 03, 2009
Secretary of State

Entity Name: HERNANDO HOME HEALTH CARE INC.

Current Principal Place of Business:

6149 DELTONA BLVD
SPRING HILL, FL 34606

New Principal Place of Business:

6165 DELTONA BLVD
SPRING HILL, FL 34606

Current Mailing Address:

21000 EXETER CT
BROOKSVILLE, FL 34601

New Mailing Address:

6165 DELTONA BLVD
SPRING HILL, FL 34606

FEI Number: 83-0498533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORREA, EVELYN
21000 EXETER CT
BROOKSVILLE, FL 34601 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 () Delete
Name: GONZALEZ, RAFAEL
Address: 21000 EXETER CT
City-St-Zip: BROOKSVILLE, FL 34601

Title: VP () Delete
Name: CORREA, EVELYN
Address: 21000 EXETER CT
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: EVELYN CORREA

VP

06/03/2009

Electronic Signature of Signing Officer or Director

_____ Date