

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125413

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: STAR CARE HOME HEALTH CORP

## Current Principal Place of Business:

3850 SW 87 AVE., STE. 206  
MIAMI, FL 33165

## New Principal Place of Business:

## Current Mailing Address:

3850 SW 87 AVE., STE. 206  
MIAMI, FL 33165

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATAURY, MARIA E.  
3850 SW 87 AVE., STE. 206  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

ATAURY, MARIA E.  
4679 NW 112 CT  
MIAMI, FL 33178 US

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:

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ATAURY, MARIA E.  
Address: 3850 SW 87 AVE., STE. 206  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ATAURY, MARIA E.  
Address: 4679 NW 112CT  
City-St-Zip: MIAMI, FL 33178

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: MARIA ELENA ATAURY

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date