

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004761

FILED
Jun 04, 2009
Secretary of State

Entity Name: LIFE STYLE HOME HEALTH SERVICES, CORP

Current Principal Place of Business:

14260 SW 57 LN
APTO 103
MIAMI, FL 33193

New Principal Place of Business:

8050 SW 159 CT
MIAMI, FL 33193

Current Mailing Address:

14260 SW 57 LN
APTO 103
MIAMI, FL 33193

New Mailing Address:

8050 SW 159 CT
MIAMI, FL 33193

FEI Number: 26-1917370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORRALES, ROYLAND
6306 SW 165 PL
MIAMI, FL 33195 US

Name and Address of New Registered Agent:

CORRALES, ROYLAND
8050 SW 159 CT
MIAMI, FL 33193 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:

06/04/2009

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: CORRALES, ROYLAND
Address: 6306 SW 165 PL
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CORRALES, ROYLAND
Address: 8050 SW 159 CT
City-St-Zip: MIAMI, FL 33193

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: ROYLAND CORRALES

P

06/04/2009

Electronic Signature of Signing Officer or Director

Date