

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005846

FILED  
Mar 29, 2009  
Secretary of State

Entity Name: GOLDEN LIFE HOME HEALTH AGENCY INC.

## Current Principal Place of Business:

10250 SW 56 ST SUITE B103  
MIAMI, FL 33165 US

## New Principal Place of Business:

10250 SW 56 ST SUITE D-203  
MIAMI, FL 33165 US

## Current Mailing Address:

10250 SW 56 ST SUITE B103  
MIAMI, FL 33165 US

## New Mailing Address:

10250 SW 56 ST SUITE D-203  
MIAMI, FL 33165 US

FEI Number: 26-1765330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VARGAS, DIANA E M.D.  
10250 SW 56 ST SUITE B103  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

VARGAS, DIANA E M.D.  
10250 SW 56 ST SUITE D-203  
MIAMI, FL 33165 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: DIANA E VARGAS MD

03/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VARGAS, DIANA E M.D.  
Address: 10431 SW 52 ST  
City-St-Zip: MIAMI, FL 33165 US

Title: VD ( ) Delete  
Name: DIAZ, MARIA ELENA  
Address: 12736 NW 6 LANE  
City-St-Zip: MIAMI, FL 33182 US

## 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: DIANA E VARGAS MD

PRES

03/29/2009

Electronic Signature of Signing Officer or Director

Date