2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006720

Entity Name: ANCA HOME HEALTH CARE INC

FILED Mar 31, 2009 Secretary of State

Littly Nai	HE. ANCAR	DIVIL FILALTH CARL INC.				
Current Principal Place of Business:				New Principal Place of Business:		
2500 NW 79TH AVE SUITE 226 MIAMI, FL 33122				2500 NW 79TH AVE SUITE 226 MIAMI, FL 33122		
Current Mailing Address:				New Mailing Address:		
2500 NW 79TH AVE SUITE 226 MIAMI, FL 33122				2500 NW 79TH AVE SUITE 226 MIAMI, FL 33122		
FEI Number:	26-1810456	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	, ANGEL H T 56 ST #3217 FL 33012 U	, JS				
	named entity : e of Florida.	submits this statement for the	purpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	ic Signature of Registered Ag	jent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () HERNANDEZ, 0 6980 WEST 2N HIALEAH, FL 3	ID LANE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CABRERA, ANG 1810 WEST 56 HIALEAH, FL 3	ST #3217		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CARIDAD HERNANDEZ D 03/31/2009