

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017247

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: FAMILY HOME HEALTH CARE, INC.

## Current Principal Place of Business:

1920 E. HALLANDALE BEACH BLVD.  
SUITE 636  
HALLANDALE BEACH, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

1920 E. HALLANDALE BEACH BLVD.  
SUITE 636  
HALLANDALE BEACH, FL 33009

## New Mailing Address:

FEI Number: 37-1561921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

D'CUBA, MARIA  
1920 E. HALLANDALE BEACH BLVD.  
SUITE 636  
HALLANDALE BEACH, FL 33009 US

## Name and Address of New Registered Agent:

CUBA, MARIA D  
1920 E. HALLANDALE BEACH BLVD.  
SUITE 636  
HALLANDALE BEACH, FL 33009 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: MARIA D CUBA

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: D'CUBA, MARIA  
Address: 1920 E. HALLANDALE BEACH BLVD, SUITE 636  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VD ( ) Delete  
Name: HERNANDEZ, OMAR  
Address: 1920 E. HALLANDALE BEACH BLVD., SUITE 636  
City-St-Zip: HALLANDALE BEACH, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CUBA, MARIA D  
Address: 1920 E. HALLANDALE BEACH BLVD, SUITE 636  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: MARIA D CUBA

PD

03/25/2009

Electronic Signature of Signing Officer or Director

Date