

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020345

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PREFERRED PLUS HOME HEALTHCARE INC

## Current Principal Place of Business:

6625 MIAMI LAKES DR  
237  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

6625 MIAMI LAKES DR  
314  
MIAMI LAKES, FL 33014

## Current Mailing Address:

6625 MIAMI LAKES DR  
237  
MIAMI LAKES, FL 33014

## New Mailing Address:

6625 MIAMI LAKES DR  
314  
MIAMI LAKES, FL 33014

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

## Name and Address of Current Registered Agent:

RUIZ, HILDELIZA  
3701 SW 128 AVE  
MIRAMAR, FL 33027 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RUIZ, HILDELIZA  
Address: 3701 SW 128 AVE  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HILDELIZA RUIZ

CFO

04/30/2009

Electronic Signature of Signing Officer or Director

Date