

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024931

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: DAYSTAR HOME HEALTH CARE, INC

## Current Principal Place of Business:

3383 NW 7TH ST #211  
MIAMI, FL 33125

## New Principal Place of Business:

## Current Mailing Address:

3383 NW 7TH ST #211  
MIAMI, FL 33125

## New Mailing Address:

FEI Number: 26-2182368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENDEZ, OSMANI  
1779 SW 7TH ST #5  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

RIOPEDRE, LUIS M  
2120 W FLAFLER STREET  
501  
MIAMI, FL 33135 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: LUIS M RIOPEDRE

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: RIOPEDRE, LUIS M  
Address: 1779 SW 7TH ST #5  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: RIOPEDRE, LUIS M  
Address: 2120 WEST FLAGLER STREET 501  
City-St-Zip: MIAMI, FL 33135

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: LUIS M RIOPEDRE

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date