2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# P08000025769

Entity Name: ST. THERESA HOME HEALTH, INC.

Current Principal Place of Business:

1830 N.W. 7TH ST.
SUITE 201
MIAMI, FL 33125

New Principal Place of Business:

4001 SW 121 AVE.
MIAMI, FL 33175

Current Mailing Address:

1830 N.W. 7TH ST.
SUITE 201
MIAMI, FL 33125

New Mailing Address:

4001 SW 121 AVE.
MIAMI, FL 33175

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

Name and Address of Current Registered Agent:

VENTO, ALLYN
4001 SW 121 AVE.
MIAMI, FL 33175 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: PD ( ) Delete
Name: VENTO, ALLYN
Address: 1830 N.W. 7TH ST. SUITE 201
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VENTO, ALLYN
Address: 4001 SW 121 AVE.
City-St-Zip: MIAMI, FL 33175

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: ALLYN VENTO P/D 01/26/2009
Electronic Signature of Signing Officer or Director — Date