2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# P08000053528

Entity Name: CHOICE ONE HOME HEALTH INC

Current Principal Place of Business:

7811 CORAL WAY, STE. 132
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7811 CORAL WAY, STE. 132
MIAMI, FL 33155

New Mailing Address:

FEI Number: 26-2724058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NODARSE, LIUDMILA
17976 NW 68 AVE
MIAMI, FL 33015 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: GONZALEZ, ALICIA
Address: 18930 SW 311 CT
City-St-Zip: MIAMI, FL 33030

Title: VP ( ) Delete
Name: NODARSE, LIUDMILA
Address: 17976 NW 68 AVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LIUDMILA NODARSE VP 01/07/2009

Electronic Signature of Signing Officer or Director Date