2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P08000054047

Entity Name: SINCLAIR HOME HEALTH, INC

Current Principal Place of Business:

247 SW 8 STREET, SUITE 247
MIAMI, FL 331303529

New Principal Place of Business:

247 SW 8 STREET, SUITE 443
MIAMI, FL 331303529

Current Mailing Address:

247 SW 8 STREET, SUITE 247
MIAMI, FL 331303529

New Mailing Address:

247 SW 8 STREET, SUITE 443
MIAMI, FL 331303529

FEI Number: 26-2780474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTACHE, LEONARDO
1010 N.W. 32ND COURT
MIAMI, FL 33125 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: MASTACHE, LEONARDO
Address: 247 SW 8 STREET, SUITE 247
City-St-Zip: MIAMI, FL 331303529

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MASTACHE, LEONARDO
Address: 247 SW 8 STREET, SUITE 443
City-St-Zip: MIAMI, FL 331303529

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: LEONARDO MASTACE P 04/24/2009

Electronic Signature of Signing Officer or Director Date