

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058009

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: WELLNESS CARE HOME HEALTH, INC

## Current Principal Place of Business:

516 NW 57 AVE  
SUITE 207  
MIAMI, FL 33126 US

## New Principal Place of Business:

## Current Mailing Address:

516 NW 57 AVE  
SUITE 207  
MIAMI, FL 33126 US

## New Mailing Address:

FEI Number: 26-2823621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AYALA, LEONARDO  
516 NW 57 AVE  
SUITE 207  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

AYALA, LEONARDO  
11700 SW 144 AVE  
MIAMI, FL 33186 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:

02/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PORTILLO, FRANCISCO  
Address: 516 NW 57 AVE , SUITE 207  
City-St-Zip: MIAMI, FL 33126 US

Title: VP ( ) Delete  
Name: AYALA, LEONARDO  
Address: 516 NW 57 AVE , SUITE 207  
City-St-Zip: MIAMI, FL 33126 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: AYALA, LEONARDO  
Address: 11700 SW 144 AVE  
City-St-Zip: MIAMI, FL 33186 US

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 AYALA

VP

02/09/2009

Electronic Signature of Signing Officer or Director

Date