2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2010
Secretary of State

DOCUMENT# P08000058487

Entity Name: HOME HEALTH SERVICES OF FLORIDA AC INC.

Current Principal Place of Business:

9000 SHERIDAN ST., STE 104
PEMBROKE PINES, FL 33024

New Principal Place of Business:

9000 SHERIDAN ST., STE 104
104
PEMBROKE PINES, FL 33024

Current Mailing Address:

9000 SHERIDAN ST., STE 104
PEMBROKE PINES, FL 33024

New Mailing Address:

9000 SHERIDAN ST., STE 104
104
PEMBROKE PINES, FL 33024

FEI Number: 26-2831037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALTIERI, CHRISTOPHER M
10371 S.W. 60TH ST
MIAMI, FL 33173 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: PT
Name: ALTIERI, CHRISTOPHER M
Address: 10371 S.W. 60TH ST
City-St-Zip: MIAMI, FL 33173

Title: VS
Name: CABEZA, MARIA ELENA
Address: 12450 S.W. 45TH ST
City-St-Zip: MIAMI, FL 33175

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER ALTIERI PT 04/06/2010
Electronic Signature of Signing Officer or Director Date