

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000063580

FILED
Mar 31, 2009
Secretary of State

Entity Name: SHERIDAN HOME HEALTH CARE, INC

Current Principal Place of Business:

4700 SHERIDAN STREET,
SUITE J
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4700 SHERIDAN STREET,
SUITE J
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 26-2907143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, NESTOR
14140 SW 84 ST
APT # H 405
MIAMI, FL 33183 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: RODRIGUEZ, NESTOR A
Address: 14140 SW 84 ST.APT H 405
City-St-Zip: MIAMI, FL 33183

Title: VP () Delete
Name: ZAINADINE, IBRAIMO G
Address: 3845 SW 154 CT
City-St-Zip: MIAMI, FL 33185 US

Title: T () Delete
Name: ZAINADINE, ANA C
Address: 3845 SW 154 CT
City-St-Zip: MIAMI, FL 33185 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: OLIVARES, HUGO A
Address: 1503 SW 154 PATH
City-St-Zip: MIAMI, FL 33194 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: NESTOR A RODRIGUEZ

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date