

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096551

FILED
Jan 13, 2009
Secretary of State

Entity Name: EMERALD HOME HEALTH CARE, INC.

Current Principal Place of Business:

103 WOODLAND ROAD
PALM SPRINGS, FL 33461

New Principal Place of Business:

Current Mailing Address:

103 WOODLAND ROAD
PALM SPRINGS, FL 33461

New Mailing Address:

FEI Number: 26-3613018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRING, WENDY
103 WOODLAND ROAD
PALM SPRINGS, FL 33461 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: D,P () Delete
Name: STEPHENS, AVIS
Address: 7320 PALMDALE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33463

Title: D,VP () Delete
Name: HROBAR, JOSHUA
Address: 10366 FOXTRAIL ROAD SOUTH, APT. 1702
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D,S () Delete
Name: SPRING, WENDY
Address: 103 WOODLAND ROAD
City-St-Zip: PALM SPRINGS, FL 33461

Title: D,T () Delete
Name: MARRERO, T. MANUEL
Address: 4398 PARK AVENUE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,T (X) Change () Addition
Name: STEPHENS, AVIS
Address: 7320 PALMDALE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33463

Title: D,P (X) Change () Addition
Name: HROBAR, JOSHUA
Address: 10366 FOXTRAIL ROAD SOUTH, APT. 1702
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D,VP (X) Change () Addition
Name: SPRING, WENDY
Address: 103 WOODLAND ROAD
City-St-Zip: PALM SPRINGS, FL 33461

Title: D,S (X) Change () Addition
Name: MARRERO, T. MANUEL
Address: 4398 PARK AVENUE
City-St-Zip: WEST PALM BEACH, FL 33406

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: WENDY SPRING

VP

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date