

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104216

FILED
Apr 21, 2009
Secretary of State

Entity Name: M & N PROFESSIONAL SERVICE HOME HEALTH CARE, INC.

Current Principal Place of Business:

5755 W FLAGLER ST
SUITE 208
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

5755 W FLAGLER ST
SUITE 208
MIAMI, FL 33144

New Mailing Address:

FEI Number: 26-3777655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, NILDA
5755 W FLAGLER ST
STE 208
MIAMI, FL 33144 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: ORTIZ, MARIA
Address: 1485 W 46TH ST, STE 421
City-St-Zip: HIALEAH, FL 33012

Title: VPSD () Delete
Name: GONZALEZ, NILDA
Address: 5755 W FLAGLER ST, SUITE 208
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARIA ORTIZ

MRS

04/21/2009

Electronic Signature of Signing Officer or Director

Date