2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000110803

Entity Name: ASCENDI HOME HEALTH AGENCY, INC

Current Principal Place of Business:

9940 SW 38 ST.
MIAMI, FL 33165 US

New Principal Place of Business:

9445 SW 40 ST, #103
MIAMI, FL 33165 US

Current Mailing Address:

9940 SW 38 ST.
MIAMI, FL 33165 US

New Mailing Address:

9445 SW 40 ST, #103
MIAMI, FL 33165 US

FEI Number: 26-3980352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, GRIZELLE
9940 SW 38 ST.
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

RAMIREZ, GRIZELLE
9445 SW 40 ST., #103
MIAMI, FL 33165 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: GRIZELLE RAMIREZ 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAMIREZ, GRIZELLE
Address: 9940 SW 38 ST.
City-St-Zip: MIAMI, FL 33165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAMIREZ, GRIZELLE
Address: 9445 SW 40 ST., #103
City-St-Zip: MIAMI, FL 33165 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: GRIZELLE RAMIREZ P 04/30/2009
Electronic Signature of Signing Officer or Director Date