2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2010
Secretary of State

DOCUMENT# P09000088062

Entity Name: CMA HOME HEALTH AGENCY INC.

Current Principal Place of Business:

8359 BEACON BLVD SUITE 307
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

8359 BEACON BLVD SUITE 307
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 27-1243244 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

ROSS, ADAM
8359 BEACON BLVD SUITE 307
FORT MYERS, FL 33907 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: ADAM ROSS 05/26/2010
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD
Name: ROSS, ADAM
Address: 8359 BEACON BLVD SUITE 307
City-St-Zip: FORT MYERS, FL 33907

Title: VTD
Name: DONNER, CRAIG
Address: 8359 BEACON BLVD SUITE 307
City-St-Zip: FORT MYERS, FL 33907

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: ADAM ROSS PRES 05/26/2010
Electronic Signature of Signing Officer or Director Date