

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000007688

FILED
Mar 26, 2009
Secretary of State**Entity Name:** HEALTH MED HOME CARE, INC.**Current Principal Place of Business:**10451 NW 117TH AVENUE
STE 110
MIAMI, FL 33178 US**New Principal Place of Business:****Current Mailing Address:**10451 NW 117TH AVENUE
STE 110
MIAMI, FL 33178 US**New Mailing Address:****FEI Number:** 65-0446036**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SODERQUIST, ALAN L
10451 NW 117TH AVENUE
STE 110
MIAMI, FL 33178 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**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: WAGNER, HARVEY A
Address: 10451 NW 117TH AVENUE SUITE 110
City-St-Zip: MIAMI, FL 33178 US

Title: COO (X) Delete
Name: HOCHHAUSER, STEVEN
Address: 10451 NW 117TH AVENUE SUITE 110
City-St-Zip: MIAMI, FL 33178 US

Title: DVPS () Delete
Name: SODERQUIST, ALAN L
Address: 10451 NW 117TH AVENUE SUITE 110
City-St-Zip: MIAMI, FL 33178 US

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:

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: ALAN L. SODERQUIST

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03/26/2009

Electronic Signature of Signing Officer or Director_____
Date