2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# P93000055641

Entity Name: M & D HOME HEALTH CARE, INC.

Current Principal Place of Business:

1840 WEST 49 STREET
SUITE 220-2
HIALEAH, FL 33012

New Principal Place of Business:

1840 WEST 49 STREET
SUITE 235
HIALEAH, FL 33012

Current Mailing Address:

1840 WEST 49 STREET
SUITE 220-2
HIALEAH, FL 33012

New Mailing Address:

1840 WEST 49 STREET
SUITE 235
HIALEAH, FL 33012

FEI Number: 65-0427642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, MERCEDES
635 W 73RD PL
HIALEAH, FL 33014 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

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: DP ( ) Delete
Name: OLIVA, FELIPE
Address: 635 W 73RD PL
City-St-Zip: HIALEAH, FL 33014

Title: DV ( ) Delete
Name: LOPEZ, MERCEDES
Address: 635 W 73RD PL
City-St-Zip: HIALEAH, FL 33014

Title: SD ( ) Delete
Name: BORGES, CARLOS
Address: 1840 W. 49TH STREET, SUITE 220-2
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: OLIVA, FELIPE
Address: 635 W 73RD PL
City-St-Zip: HIALEAH, FL 33014

Title: VPD (X) Change ( ) Addition
Name: LOPEZ, MERCEDES
Address: 635 W 73RD PL
City-St-Zip: HIALEAH, FL 33014

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: MERCEDES LOPEZ VPD 06/30/2009

Electronic Signature of Signing Officer or Director Date