2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2006
Secretary of State

DOCUMENT# P95000029404

Entity Name: M & R HOME HEALTH, INC.

Current Principal Place of Business:

1000 PONCE DE LEON
125
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

8758 SW 8 STREET
MIAMI, FL 33174 US

New Mailing Address:

FEI Number: 65-0573048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NODARSE, CONRADO LAZARO
1000 PONCE DE LEON BLVD 125
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

D'ALEMAN, ALEXIS
1000 PONCE DE LEON BLVD 125
CORAL GABLES, FL 33134 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: ALEXIS D'ALEMAN 02/11/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NODARSE, CONRADO LAZARO
Address: 1000 PONCE DE LEON BLVD 125
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: D'ALEMAN, ALEXIS
Address: 1000 PONCE DE LEON BLVD 125
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEXIS D'ALEMAN PD 02/11/2006
Electronic Signature of Signing Officer or Director Date