

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040611

FILED
Apr 16, 2009
Secretary of State

Entity Name: AHP HOME HEALTH CARE, INC.

Current Principal Place of Business:

7737 LUEDERS AVE .
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

7737 LUEDERS AVE .
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3315305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUSTIN, JANICE L
7381 JOHN F. KENNEDY DR., E.
JACKSONVILLE, FL 32219 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: AUSTIN, JANICE L
Address: 7381 JOHN F. KENNEDY DR. E.
City-St-Zip: JACKSONVILLE, FL 32219

Title: DV () Delete
Name: PORTER, ROMETA
Address: 11514 SIR BARTON
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JANICE AUSTIN

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date