

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000078265

FILED
Feb 06, 2009
Secretary of State

Entity Name: RENACER HOME HEALTH CARE, INC.

Current Principal Place of Business:

14750 NW 77 CT, STE 108
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

14750 NW 77 CT,
STE 108
MIAMI LAKES, FL 33016 US

Current Mailing Address:

14750 NW 77 CT, STE 108
MIAMI LAKES, FL 33016 US

New Mailing Address:

14750 NW 77 CT,
STE 108
MIAMI LAKES, FL 33016 US

FEI Number: 65-0702579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PADRON, MAYRA M
8145 W 28 AVE
215
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

PADRON, MAYRA M
14750 NW 77TH CT
108
MIAMI LAKES, FL 33016 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: MAYRA PADRON

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PADRON, MAYRA M
Address: 8145 W 28 AVE STE 215
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PADRON, MAYRA M
Address: 14750 NW 77TH CT STE 108
City-St-Zip: MIAMI LAKES, FL 33016

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: MAYRA PADRON

PD

02/06/2009

Electronic Signature of Signing Officer or Director

Date