2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2008
Secretary of State

DOCUMENT# P97000001384

Entity Name: ANGEL-CARE HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

4000 N STATE RD 7
S-410
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

2880 W OAKLAND PARK BLVD
STE 221
OAKLAND PARK, FL 33311 US

Current Mailing Address:

4000 N STATE RD 7
S-410
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

2880 W OAKLAND PARK BLVD
STE 221
OAKLAND PARK, FL 33311 US

FEI Number: 65-0716002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WEINER, INKA
4000 N STATE ROAD 7
SUITE 410
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

WEINER, INKA
2880 W OAKLAND PARK BLVD
STE 221
OAKLAND PARK, FL 33311 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: INKA WEINER 08/14/2008
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: PD ( ) Delete
Name: WEINER, INKA
Address: 11695 NW 2ND STREET
City-St-Zip: PLANTATION, FL 33325

Title: SD ( ) Delete
Name: WEINER, INKA
Address: 11695 NW 2ND STREET
City-St-Zip: PLANTATION, FL 33325

Title: VP ( ) Delete
Name: WILLIAMS, MALA
Address: 10152 NW 13TH COURT
City-St-Zip: PLANTATION, FL 33322

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: INKA WEINER PRES 08/14/2008
Electronic Signature of Signing Officer or Director Date