

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000001384

FILED  
Apr 28, 2009  
Secretary of State

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

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

WEINER, INKA  
2880 W OAKLAND PARK BLVD  
STE 221  
OAKLAND PARK, FL 33311 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: 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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

Title: CFO ( ) Change (X) Addition  
Name: KAGAN, SVETLANA  
Address: 16425 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES, FL 33160

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: SVETLANA KAGAN

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

Date