2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P97000038220

Entity Name: AVNER HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

4600 W. COMMERCIAL BLVD. SUITE #7
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4600 W. COMMERCIAL BLVD. SUITE #7
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: 65-0753624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANILOFF, RONALD J
2450 HOLLYWOOD BLVD, SUITE 401
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

BENNETT, SANDRA
4600 W. COMMERCIAL BLVD.
SUITE 7
TAMARAC, FL 33319 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: SANDRA BENNETT 04/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BENNETT, SANDRA
Address: 3500 N STATE RD 7, NO 200A
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: BENNETT, DONNETT
Address: 3500 N STATE RD 7, NO 200A
City-St-Zip: WESTON, FL 33326

Title: PSTD ( ) Delete
Name: MCENOUGH, IOLYN
Address: 3500 N STATE RD 7, NO 200A
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BENNETT, SANDRA
Address: 4600 W. COMMERCIAL BLVD
City-St-Zip: TAMARAC, FL 33319 US

Title: D (X) Change ( ) Addition
Name: BENNETT, DONNETT
Address: 4600 W. COMMERCIAL BLVD., SUITE 7
City-St-Zip: TAMARAC, FL 33319 US

Title: PSTD (X) Change ( ) Addition
Name: MCENOUGH, IOLYN
Address: 4600 W. COMMERCIAL BLVD., SUITE 7
City-St-Zip: TAMARAC, FL 33319 US

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: IOLYN MCENOUGH PSTD 04/17/2009
Electronic Signature of Signing Officer or Director Date