

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100252

FILED
Apr 16, 2009
Secretary of State

Entity Name: INFANT AND PEDIATRIC HOME THERAPY INC.

Current Principal Place of Business:

550 S.E. 4TH COURT
DANIA, FL 33004

New Principal Place of Business:

550 S.E. 4TH COURT
DANIA BEACH, FL 33004

Current Mailing Address:

550 S.E. 4TH COURT
DANIA, FL 33004

New Mailing Address:

550 S.E. 4TH COURT
DANIA BEACH, FL 33004

FEI Number: 65-0795927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STONE, ADELE I ESQ.
100 SOUTHEAST 3RD AVENUE
FORT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

STONE, ADELE I ESQ.
100 SOUTHEAST 3RD AVENUE
SUITE 1400
FORT LAUDERDALE, FL 33394 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:

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARINO-PARENTE, MICHELLE
Address: 550 S.E. 4TH COURT
City-St-Zip: DANIA, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARINO-PARENTE, MICHELLE
Address: 550 S.E. 4TH COURT
City-St-Zip: DANIA BEACH, FL 33004

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: MICHELLE MARINO-PARENTE

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date