

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000072433

FILED
Apr 18, 2008
Secretary of State

Entity Name: HAMES HEALTHCARE, INC.

Current Principal Place of Business:

2560 GOMAZ WAY SOUTH
ST PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2560 GOMAZ WAY SOUTH
ST PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 59-3593340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMES, ADERIANE R
2560 GOMEZ WAY SOUTH
SAINT PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

ADERIANE, ADERIANE R
2560 GOMEZ WAY SOUTH
SAINT PETERSBURG, FL 33712 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: ADERIANE HAMES-LYNCH 04/18/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: HAMES, ADERIANE R
Address: 2560 GOMEZ WAY SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: HAMES-LYNCH, ADERIANE R
Address: 2560 GOMEZ WAY SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

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: ADERIANE HAMES-LYNCH P 04/18/2008

Electronic Signature of Signing Officer or Director Date