

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68114

Entity Name: MEDEX HOME CARE, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

8250 NW 27TH STREET
SUITE 309
MIAMI, FL 33144 US

Current Mailing Address:

8250 NW 27TH STREET
SUITE 309
MIAMI, FL 33144 US

New Principal Place of Business:

8250 NW 27TH STREET
SUITE 309
DORAL, FL 33122 US

New Mailing Address:

8250 NW 27TH STREET
SUITE 309
DORAL, FL 33122 US

FEI Number: 65-0275878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABRERA, RAUL D.
4201 SW 11TH ST.
MIAMI, FL 331344997 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: D () Delete
Name: LLANES, EDDY D.,
Address: 8368 SW 8TH STREET
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: LLANES, LEX,
Address: 8368 SW 8TH STREET
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: LLANES, MAXIMA I,
Address: 8368 SE 8TH STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LLANES, EDDY D.,
Address: 14268 SW 17 STREET
City-St-Zip: MIAMI, FL 33175

Title: D (X) Change () Addition
Name: LLANES, LEX,
Address: 3191 SW 149 AVE
City-St-Zip: MIAMI, FL 33185

Title: S (X) Change () Addition
Name: LLANES, MAXIMA I,
Address: 14268 SW 17 STREET
City-St-Zip: MIAMI, FL 33175

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: LEX LLANES

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date