## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \_

SIGNATURE AND TYPED OR

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Secretary of State 01-09-2007 90056 048 \*\*\*158.75 DOCUMENT # V35700 1. Entity Name HOME HEALTH NURSING SERVICES, INC. Principal Place of Business Mailing Address 60000725 913 A S.W. 87 AVE. 913 A S. W. 87 AVE. MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 65-0331645 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NUVOLOSO, DANIEL Street Address (P.O. Box Number is Not Acceptable) 4747 COLLINS AVE. L-107 MIAMI BEACH, FL 33140 City Zip Code 8; 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NUVOLOSO, DANIEL NAME NAME 4747 COLLINS AVE L - 107 STREET ADDRESS STREET ADDRESS MIAMI, FL 33140 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NUVOLOSO, MIRIAM NAME NAME 4747 COLLINS AVE L - 107 STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition ARENCIBIA, MAILYN NAME NAME STREET ADDRESS 913 A SW 87 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33174 Delete Addition TITLE THLE ☐ Change Nuvoloso Millam NAME PEREZ, FARAH NAME 4747 collins Ave L-107 913 A SW 87 AVE STREET ADDRESS STREET ADDRESS Mismi F1 33140 CITY-ST-ZIP MIAMI, FL 33174 CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other file empowered.

**FILED** Jan 09, 2007 8:00 am

01-03-07

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