

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35700

FILED
Apr 21, 2009
Secretary of State

Entity Name: HOME HEALTH NURSING SERVICES, INC.

Current Principal Place of Business:

913 A S.W. 87 AVE.
MIAMI, FL 33174 US

New Principal Place of Business:

Current Mailing Address:

913 A S. W. 87 AVE.
MIAMI, FL 33174 US

New Mailing Address:

FEI Number: 65-0331645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NUVOLOSO, DANIEL
4747 COLLINS AVE. L-107
MIAMI BEACH, FL 33140 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: P () Delete
Name: NUVOLOSO, DANIEL
Address: 4747 COLLINS AVE L - 107
City-St-Zip: MIAMI, FL 33140

Title: V () Delete
Name: NUVOLOSO, DANIEL
Address: 4747 COLLINS AVE L - 107
City-St-Zip: MIAMI, FL 33140

Title: T () Delete
Name: ARENCIBIA, MAILYN
Address: 913 A SW 87 AVE
City-St-Zip: MIAMI, FL 33174

Title: S () Delete
Name: NUVOLOSO, DANIEL
Address: 4747 COLLINS AVE SUITE L-107
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL NUVOLOSO

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date