

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081277

FILED
May 01, 2009
Secretary of State

Entity Name: HOME HEALTH CARE PROFESSIONALS, INC.

Current Principal Place of Business:

4945 RINGWOOD MEADOW
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 337
SHELBY, MI 49455

New Mailing Address:

FEI Number: 20-5104721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOIGT, STEPHEN F SR.
2042 BEE RIDGE RD.
SARASOTA, FL 34239 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KURZER, RODNEY C
Address: 2893 W. LAKE RD.
City-St-Zip: HART, MI 49420

Title: SD () Delete
Name: KURZER, MAREN
Address: 2893 W. LAKE RD.
City-St-Zip: HART, MI 49420

Title: VD (X) Delete
Name: BIRINGER, ROBERTA
Address: 4030 CHERRY LANE
City-St-Zip: ADA, MI 49301

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:

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: TEENA SORENSEN

OM

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date