

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # PO1000111794

1. Entity Name

PREMIUM HOME HEALTH CARE, INC.

FILED

02 JUL 18 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8360 SW 40TH ST

3. Mailing Address

8360 SW 40TH ST

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State.

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-1156196

Applied For

Not Applicable

Zip

33155

Country

US

Zip

33155

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

KARLA RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

8360 SW 40TH ST STE B

City

MIAMI

FL

Zip Code

33155

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
(P/D)	KARLA RODRIGUEZ	8360 SW 40TH ST STE B	MIAMI, FL 33155
(V)	HEBERTO O. PENA	8360 SW 40TH ST STE B	MIAMI, FL 33155

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
		900006589499-1	-07/23/02--01037--028 ****150.00 ****150.00
DO NOT WRITE IN THIS SPACE			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/02

Date

Daytime Phone

PREMIUM HOME HEALTH CARE, INC.
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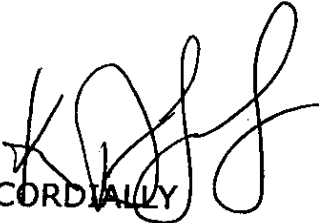
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.


CORDIALLY

KARLA RODRIGUEZ
PRESIDENT