


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

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90046 002 \*\*\*150.00

**DOCUMENT #**  
1. Entity Name  
Premium Home Health Care, Inc.



**DO NOT WRITE IN THIS SPACE**

**64000399**

2. Principal Place of Business  
**8360 SW 40TH Street**

3. Mailing Address  
**8360 SW 40TH Street**

Suite, Apt. #, etc.  
**Unit B**

City & State  
**Miami**

DO NOT WRITE IN THIS SPACE

City & State  
**Miami**

Zip  
**33155**

Country  
**Miami-Dade**

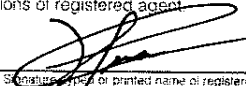
4. FEI Number  
**65-1156196**

Applied For  
 Not Applicable

**DO NOT WRITE IN THIS SPACE**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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  **Heberto O Pena**

7. Name and Address of Current Registered Agent

Name **Heberto O Pena**

Street Address (P.O. Box Number is Not Acceptable)  
**8360 SW 40TH Street Unit B**

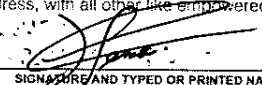
City **Miami** **FL** Zip Code **33155**

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5:00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pena Heberto O / President 8360 SW 40TH Street Unit B Miami, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Heberto O Pena** January \_\_, 04 (305)228-6488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)