2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000078518

Entity Name
SOUND HOME HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
6 TAFT ST LYWOOD, FL 33024 US	20856 N RAND RD BARRINGTON, IL 60010 US

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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1138476

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

URIEL, MARIA T
76 SW 39TH ST
VIE, FL 33331

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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: Maria T Muriel 1-20-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

H06000396732
01/30/06-80021-014 150.00

OFFICERS AND DIRECTORS

P
MURIEL, CARLOS O
ADDRESS 15376 SW 39TH AT
CITY-ST-ZIP DAVIE, FL 33331

VP
MURIEL, MARIA T
ADDRESS 15376 SW 39TH ST
CITY-ST-ZIP DAVIE, FL 33331

SEC
BASTIDAS, JOAN
ADDRESS 2101 BRICKELL AVE SUITE 408
CITY-ST-ZIP MIAMI, FL 33129

ADDRESS
CITY-ST-ZIP

ADDRESS
CITY-ST-ZIP

ADDRESS
CITY-ST-ZIP

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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria T Muriel 1-20-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #