

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123438

**FILED**  
**Jan 05, 2006**  
**Secretary of State**

**Entity Name:** PATIENT'S CHOICE HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

799 BRICKELL PLAZA  
700  
MIAMI, FL 33131

**New Principal Place of Business:**

11890 SW 8 ST  
204  
MIAMI, FL 33184

**Current Mailing Address:**

799 BRICKELL PLAZA  
700  
MIAMI, FL 33131

**New Mailing Address:**

11890 SW 8 ST  
204  
MIAMI, FL 33184

**FEI Number:** 20-3542192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HITE, CATHERINE  
799 BRICKELL PLAZA  
700  
MIAMI, FL 33131 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: PS ( ) Delete  
Name: SANCHEZ-SUAREZ, SUZETTE M  
Address: 799 BRICKELL PLAZA, SUITE 700  
City-St-Zip: MIAMI, FL 33131

Title: VT ( ) Delete  
Name: SUAREZ, PETER  
Address: 799 BRICKELL PLAZA, SUITE 700  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: PETER SUAREZ

VT

01/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date