

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123438

FILED  
Jan 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

11890 SW 8 ST  
302  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

11890 SW 8 ST  
302  
MIAMI, FL 33184

**New Mailing Address:**

FEI Number: 20-3542192      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HITE, CATHERINE  
799 BRICKELL PLAZA  
700  
MIAMI, FL 33131 US

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

GREEN, JONATHAN  
799 BRICKELL PLAZA  
700  
MIAMI, FL 33131 US

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: JONATHAN GREEN

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: SANCHEZ-SUAREZ, SUZETTE M  
Address: 2333 BRICKELL AVENUE # A-1  
City-St-Zip: MIAMI, FL 33129

Title: VT ( ) Delete  
Name: SUAREZ, PETER  
Address: 2333 BRICKELL AVENUE # A-1  
City-St-Zip: MIAMI, FL 33129

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

Title: PS (X) Change ( ) Addition  
Name: SANCHEZ-SUAREZ, SUZETTE M  
Address: 11890 SW 8 ST. STE 302  
City-St-Zip: MIAMI, FL 33184

Title: VT (X) Change ( ) Addition  
Name: SUAREZ, PETER  
Address: 11890 SW 8 ST. STE 302  
City-St-Zip: MIAMI, FL 33184

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: PETER SUAREZ

VT

01/13/2009

Electronic Signature of Signing Officer or Director

Date