

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123438

**FILED**  
**Jan 10, 2011**  
**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:**

10300 SUNSET DRIVE STE 310  
302  
MIAMI, FL 33173

**Current Mailing Address:**

11890 SW 8 ST  
302  
MIAMI, FL 33184

**New Mailing Address:**

10300 SUNSET DRIVE STE 310  
302  
MIAMI, FL 33173

**FEI Number:** 20-3542192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, JONATHAN  
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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: SANCHEZ-SUAREZ, SUZETTE M  
Address: 10300 SUNSET DRIVE STE 310  
City-St-Zip: MIAMI, FL 33173

Title: VT  
Name: SUAREZ, PETER  
Address: 10300 SUNSET DRIVE STE 310  
City-St-Zip: MIAMI, FL 33173

I hereby 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 all other like empowered.

SIGNATURE: PETER SUAREZ

VT

01/10/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date