

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099613

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** NEW GENERATION HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

150 NW 168 ST  
205  
NORTH MIAMI BEACH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

150 NW 168 ST  
205  
NORTH MIAMI BEACH, FL 33169

**New Mailing Address:**

**FEI Number:** 26-0854975      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DESANCE, LEROY  
150 NW 168 ST  
205  
NORTH MIAMI BEACH, FL 33169 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: PT  
Name: DESANCE, LEROY  
Address: 150 NW 168 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: VPS  
Name: CORREAL, JOSE L  
Address: 150 NW 168 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: JOSE LUIS CORREAL

VPS

03/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date