

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049745

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** OPAL HOME HEALTH CARE, CORP.

**Current Principal Place of Business:**

5881 NW 151 ST., STE. 101  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

5881 NW 151 ST.  
STE. 101  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

5881 NW 151 ST., STE. 101  
MIAMI LAKES, FL 33014

**New Mailing Address:**

5881 NW 151 ST.  
STE. 101  
MIAMI LAKES, FL 33014

**FEI Number:** 26-2651367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RODRIGUEZ, KARLA  
5881 NW 151 ST., STE. 101  
MIAMI LAKES, FL 33014 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: P  
Name: YHANES, JORGE D  
Address: 5881 NW 151 ST., STE. 101  
City-St-Zip: MIAMI LAKES, FL 33014

Title: V  
Name: RODRIGUEZ, KARLA  
Address: 5881 NW 151 ST., STE. 101  
City-St-Zip: MIAMI LAKES, FL 33014

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: JORGE D YHANES

P

04/24/2012

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

\_\_\_\_\_ Date