

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000036259

**FILED**  
**Mar 12, 2010**  
**Secretary of State**

**Entity Name:** OZZIE HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

3383 NW 7TH ST., SUITE 306  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

3383 NW 7TH ST., SUITE 306  
MIAMI, FL 33125

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PEREZ, OSWALD  
3383 NW 7TH ST., SUITE 306  
MIAMI, FL 33125 US

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

GONZALEZ, JOSE L PD  
3383 NW 7TH ST., SUITE 306  
MIAMI, FL 33125 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: JOSE L GONZALEZ

03/12/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GONZALEZ, JOSE L  
Address: 3383 NW 7TH ST., SUITE 306  
City-St-Zip: MIAMI, FL 33125

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 L GONZALEZ

PD

03/12/2010

Electronic Signature of Signing Officer or Director

Date