

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004790

Entity Name: THE HOUSE PORTABLE MEDICAL CARE, INC.

Current Principal Place of Business:

13650 CRYSTAL RIVER DRIVE
ORLANDO, FL 32828

Current Mailing Address:

13650 CRYSTAL RIVER DRIVE
ORLANDO, FL 32828

FEI Number: 90-0723018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AVILES, MARIBEL DR.
13650 CRYSTAL RIVER DRIVE
ORLANDO,, FL 32828 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name AVILES, MARIBEL DR.
Address 13650 CRYSTAL RIVER DRIVE
City-State-Zip: ORLANDO FL 32828

Title VC
Name CASADO, MARIE
Address 13650 CRYSTAL RIVER DRIVE
City-State-Zip: ORLANDO FL 32828

Title OFFICER
Name LOPEZ, ISIDRO A
Address 18396 SW 158TH SRTEET
City-State-Zip: MIAMI FL 33187

Title SECRETARY
Name ABT, DIANA
Address 13650 CRYSTAL RIVER DRIVE
City-State-Zip: ORLANDO FL 32828

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIBEL AVILES

CHAIR

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date