2017 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G50982

Entity Name: LEON HOME HEALTH, INC.

Current Principal Place of Business:

8600 NW 41ST STREET

SUITE 203

DORAL, FL 33166

Current Mailing Address:

8600 NW 41ST STREET

SUITE 203

DORAL, FL 33166 US

FEI Number: 59-2308900 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOONDEL, MARK S. 8600 NW 41ST STREET DORAL, FL 33166 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: MARK S. KOONDEL 10/13/2017

Electronic Signature of Registered Agent

Date

FILED Oct 13, 2017

Secretary of State

CC1425919207

Officer/Director Detail:

City-State-Zip:

City-State-Zip:

Title CHAIRMAN, DIRECTOR Title EXECUTIVE VICE CHAIRMAN,

DIRECTOR

Name LEON, BENJAMIN JR. Name LEON, BENJAMIN III Address

8600 N.W. 41 STREET Address 8600 N.W. 41 STREET SUITE 1A

SUITE 1A DORAL FL 33166

DORAL FL 33166 City-State-Zip:

Title PRESIDENT, CEO, DIRECTOR Title ٧P

MAURY, ALBERT R. Name Name LINARES, JOSE A.

8600 N.W. 41 STREET Address 8600 N.W. 41 STREET Address SUITE 1A

SUITE 1A DORAL FL 33166

DORAL FL 33166 City-State-Zip: SENIOR VICE PRESIDENT Title

Title SENIOR VICE PRESIDENT, CFO, Name

PEREZ, MARCOS A. TREASURER, ASST. SECRETARY

8600 N.W. 41ST STREET PARDO, ANN MARY Address Name

SUITE 1A 8600 N.W. 41 STREET Address

DORAL FL 33166 City-State-Zip: SUITF 1A

DORAL FL 33166 City-State-Zip:

Title SECRETARY SENIOR VICE

PRESIDENT Title ASST. SECRETARY JUNCO, CARLOS Name

Name KOONDEL, MARK 8600 N.W. 41 STREET Address

8600 N.W. 41 STREET Address SUITE 1A

SUITE 1A DORAL FL 33166

City-State-Zip: City-State-Zip: DORAL FL 33166

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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.

10/13/2017 SIGNATURE: BENJAMIN LEON JR. **CHAIRMAN**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VICE PRESIDENT HUMAN RESOURCES

Name PEREIRA, MARITZA
Address 8600 N.W. 41 STREET

SUITE 1A

City-State-Zip: DORAL FL 33166