

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000094070

**Entity Name:** HOME CARE RESOURCES HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

5979 NW 151 STREET  
SUITE 234  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

5979 NW 151 STREET  
SUITE 234  
MIAMI LAKES, FL 33014 US

**FEI Number: 75-3130617**

**Certificate of Status Desired: No**

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

ST. FLEUR, MARIE EDON  
1455 NW 143 ST  
MIAMI, FL 33167 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	P	Title	VP
Name	ST. FLEUR, MARIE E	Name	ST. FLEUR, CARL
Address	5979 NW 151 STREET SUITE 234	Address	5979 NW 151 STREET SUITE 234
City-State-Zip:	MIAMI LAKES FL 33014	City-State-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: CARL ST. FLEUR**

**ADMINISTRATOR**

**01/09/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date