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.

ADMINISTRATOR

SIGNATURE: CARL ST. FLEUR

City-State-Zip: MIAMI FL 33181

Electronic Signature of Registered Agent

C

Officer/Director Detail :				
Title	DON	Title	V	
Name	ST. FLEUR, MARIE E	Name	ST. FLEUR, CARL	
Address	11601 BISCAYNE BLVD SUTIE 309	Address	11601 BISCAYNE BLVD., #309	
City-State-Zip:	MIAMI FL 33181	City-State-Zip:	MIAMI FL 33181	

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.

Current Mailing Address: 11601 BISCAYNE BLVD

DOCUMENT# P03000094070

Current Principal Place of Business:

309 MIAMI, FL 33181 US

11601 BISCAYNE BLVD

MIAMI, FL 33181

309

FEI Number: 75-3130617

Name and Address of Current Registered Agent:

ST. FLEUR, MARIE EDON 1455 NW 143 ST

MIAMI, FL 33167 US

SIGNATURE:

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

FILED Jan 24, 2016 Secretary of State CC3188121290

Certificate of Status Desired: No

01/24/2016

Date

Electronic Signature of Signing Officer/Director Detail