

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000088321

**Entity Name:** AVANTI HOME HEALTH SERVICES INC.

**Current Principal Place of Business:**

9730 NW 25TH ST  
2ND FLOOR  
MIAMI, FL 33172

**Current Mailing Address:**

PO BOX 227396  
MIAMI, FL 33122

**FEI Number: 52-2394313**

**Certificate of Status Desired:** No

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

DEL CARMEN CARDERO, JULIA  
9730 NW 25TH ST  
2ND FLOOR  
MIAMI, FL 33172 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	PD	Title	VPD
Name	CARDERO, JULIA	Name	FERRER, FRANKIE
Address	9730 NW 25TH STREET - 2ND FLOOR	Address	9730 NW 25TH STREET - 2ND FLOOR
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

*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: JULIA CARDERO**

**PRESIDENT**

**04/27/2017**

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

\_\_\_\_\_  
Date