

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120138

Entity Name: MD HOME CARE, INC.

Current Principal Place of Business:

4857 N.W. 168TH TERRACE
CAROL CITY, FL 33055

Current Mailing Address:

4857 N.W. 168TH TERRACE
CAROL CITY, FL 33055

FEI Number: 20-1513920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CANCELA, MADELEIN
4857 N.W. 168TH TERRACE
CAROL CITY, FL 33055 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
Name CANCELA, MADELEIN
Address 4857 N.W. 168TH TERRACE
City-State-Zip: COOPER CITY FL 33055

Title VD
Name AGUERO, DAMIAN
Address 4857 N.W. 168TH TERRACE
City-State-Zip: COOPER CITY FL 33055

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: MADELEIN CANCELA

PRESIDENT

04/23/2014

Electronic Signature of Signing Officer/Director Detail

Date