

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000077748

**Entity Name:** AMERICAN HOME HEALTH CARE, CORP.

**Current Principal Place of Business:**

12150 SW 128 CT  
SUITE 137  
MIAMI, FL 33186

**Current Mailing Address:**

12150 SW 128 CT  
SUITE 137  
MIAMI, FL 33186 US

**FEI Number:** 20-2919107

**Certificate of Status Desired:** Yes

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

TEJERA, SAHARA  
12150 SW 128 CT  
SUITE 137  
MIAMI, FL 33186 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 PSD  
Name TEJERA, SAHARA  
Address 12150 SW 128 CT  
SUITE 137  
City-State-Zip: MIAMI FL 33186

*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:** SAHARA TEJERA

**PRESIDENT**

**01/09/2017**

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

\_\_\_\_\_  
Date