

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123438

Entity Name: PATIENT'S CHOICE HOME HEALTH CARE, INC.

Current Principal Place of Business:

10300 SUNSET DRIVE STE 310
MIAMI, FL 33173

Current Mailing Address:

10300 SUNSET DRIVE STE 310
MIAMI, FL 33173

FEI Number: 20-3542192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONATHAN H. GREEN & ASSOCIATES, P.A.
800 BRICKELL AVE
1400
MIAMI, FL 33131 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 PS
Name SANCHEZ-SUAREZ, SUZETTE M
Address 10300 SUNSET DRIVE STE 310
City-State-Zip: MIAMI FL 33173

Title VT
Name SUAREZ, PETER
Address 10300 SUNSET DRIVE STE 310
City-State-Zip: MIAMI FL 33173

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: PETER SUAREZ

VP

01/06/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date