

**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