| I hereby certify that the information indicated on this report or supplemental report is true a<br>oath; that I am an officer or director of the corporation or the receiver or trustee empowere |    |            |
|--|----|------------|
| above, or on an attachment with all other like empowered.  |    |            |
| SIGNATURE PETER SUAREZ   | VP | 01/13/2014 |

VP

Electronic Signature of Signing Officer/Director Detail

| 2014 FLORIDA PROFIT CORPORATION ANNUAL REPOR | т |
|--|---|
|  |   |

#### 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

Name and Address of Current Registered Agent:

GREEN, JONATHAN 799 BRICKELL PLAZA 700 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

#### **Officer/Director Detail :**

| PS                         | Title   | VT  |  |  |
|----------------------------|---|---|--|--|
| SANCHEZ-SUAREZ, SUZETTE M  | Name  | SUAREZ, PETER   |  |  |
| 10300 SUNSET DRIVE STE 310 | Address   | 10300 SUNSET DRIVE STE 310  |  |  |
| MIAMI FL 33173             | City-State-Zip:   | MIAMI FL 33173  |  |  |
|                            | PS<br>SANCHEZ-SUAREZ, SUZETTE M<br>10300 SUNSET DRIVE STE 310 | PSTitleSANCHEZ-SUAREZ, SUZETTE MName10300 SUNSET DRIVE STE 310Address |  |  |

# FILED Jan 13, 2014 Secretary of State CC3566880955

Date

Certificate of Status Desired: No

Date