

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000061525

**Entity Name:** ACM HOME HEALTH, CORP.

**Current Principal Place of Business:**

2748 SW 87 AVE  
MIAMI, FL 33165

**Current Mailing Address:**

2748 SW 87 AVE  
MIAMI, FL 33165

**FEI Number:** 26-0225705

**Certificate of Status Desired:** No

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

BELLO, BELKIS B  
2748 SW 87 AVE  
MIAMI, FL 33165 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	VP	Title	P
Name	ABREU-PINO, OMAR	Name	BELLO, BELKIS B
Address	2748 SW 87 AVE	Address	2748 SW 87 AVE
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

*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:** BELKIS BELLO

**PRESIDENT**

**05/22/2014**

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

\_\_\_\_\_  
Date