

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000071544

**Entity Name:** DIVERSIFIED HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

20401 NW 2ND AVE  
301-A  
MIAMI, FL 33169

**Current Mailing Address:**

20401 NW 2ND AVE  
301-A  
MIAMI, FL 33169

**FEI Number:** 26-0405029

**Certificate of Status Desired:** No

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

JAMES, PORTIA M  
1130 NW 90 ST.  
MIAMI, FL 33150 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 P  
Name JAMES, PORTIA M  
Address 1130 NW 90TH STREET  
City-State-Zip: MIAMI FL 33150

Title VP  
Name LAWRENCE, AUDREY  
Address 920 NW 199 STREET  
City-State-Zip: MIAMI GARDENS FL 33169

Title S  
Name SMITH, BARBARA D  
Address 18921 NE 1 PL.  
City-State-Zip: MIAMI FL 33179

Title T  
Name LIVINGSTON, JOSEPHINE  
Address 2960 NW 163RD STREET  
City-State-Zip: MIAMI FL 33054

*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:** PORTIA JAMES

**PRESIDENT**

**04/07/2021**

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

\_\_\_\_\_  
Date