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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/07/2021

Date

2021 F	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

Name and Address of Current Registered Agent:

JAMES, PORTIA M 1130 NW 90 ST. MIAMI, FL 33150 US

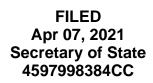
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Р	Title	VP
JAMES, PORTIA M	Name	LAWRENCE, AUDREY
1130 NW 90TH STREET	Address	920 NW 199 STREET
MIAMI FL 33150	City-State-Zip:	MIAMI GARDENS FL 33169
S	Title	Т
SMITH, BARBARA D	Name	LIVINGSTON, JOSEPHINE
18921 NE 1 PL.	Address	2960 NW 163RD STREET
MIAMI FL 33179	City-State-Zip:	MIAMI FL 33054
	JAMES, PORTIA M 1130 NW 90TH STREET MIAMI FL 33150 S SMITH, BARBARA D 18921 NE 1 PL.	JAMES, PORTIA M Name 1130 NW 90TH STREET Address MIAMI FL 33150 City-State-Zip: S Title SMITH, BARBARA D Name 18921 NE 1 PL. Address



Certificate of Status Desired: No

Date