

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000089008

**Entity Name:** CARE SOLUTIONS HOME HEALTH, INC.

**Current Principal Place of Business:**

13230 SW 132 AVE  
B 26  
MIAMI, FL 33186

**Current Mailing Address:**

13230 SW 132 AVE  
B 26  
MIAMI, FL 33186 US

**FEI Number: 26-0672168**

**Certificate of Status Desired: No**

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

LA LUZ, MANUEL  
13230 SW 132ND AVE., STE B-26  
MIAMI, FL 33186-6144 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           DPS  
Name           LA LUZ, MANUEL  
Address        13230 SW 132ND AVENUE, STE B-26  
City-State-Zip: MIAMI FL 33186-6144

*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: MANUEL LA LUZ** \_\_\_\_\_

**PRESIDENT**

**03/11/2013**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date