

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000099613

**Entity Name:** NEW GENERATION HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

6405 NW 36 ST  
217  
VIRGINIA GARDENS, FL 33166

**Current Mailing Address:**

6405 NW 36 ST  
217  
VIRGINIA GARDENS, FL 33166

**FEI Number: 26-0854975**

**Certificate of Status Desired: No**

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

CORREAL, JOSE L  
6405 NW 36 ST 217  
VIRGINIA GARDENS, FL 33166 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 PT  
Name FRUTOS, IVON  
Address 6405 NW 36 ST #217  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title VP  
Name CORREAL, JOSE L  
Address 6405 NW 36 ST #217  
City-State-Zip: VIRGINIA GARDENS FL 33166

*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: JOSE L CORREAL**

**VP**

**02/06/2013**

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

\_\_\_\_\_  
Date