

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109205

Entity Name: FLORIDA NURSES HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

640 N.E. 149 STREET
NORTH MIAMI, FL 33161

Current Mailing Address:

640 N.E. 149 STREET
NORTH MIAMI, FL 33161 US

FEI Number: 06-1825630

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAYNE, NATASHA DESQ
4301 SOUTH FLAMINGO RD
STE 106-121
FORT LAUDERDALE, FL 33330 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	Title	VP
Name	CAMPBELL, DAPHNE	Name	JONES, SYLVIA
Address	14625 NE 4 AVE	Address	640 N.E. 149 STREET
City-State-Zip:	MIAMI FL 33161	City-State-Zip:	NORTH MIAMI FL 33161

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: DAPHNE CAMPBELL

PRE/CEO

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date