

**2014 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  
Name CAMPBELL, DAPHNE  
Address 14625 NE 4 AVE  
City-State-Zip: 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

**PRESIDENT**

**04/30/2014**

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

\_\_\_\_\_  
Date