

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000058098

**Entity Name:** HOME HEALTHCARE MANAGEMENT RESOURCES, INC.

**Current Principal Place of Business:**

36 ISLAND AVE  
51  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

PO BOX 191777  
MIAMI BEACH, FL 33119

**FEI Number: 26-2804392**

**Certificate of Status Desired:** Yes

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

SCHULER, ROB  
36 ISLAND AVE  
51  
MIAMI BEACH, FL 33139 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           MANAGING DIRECTOR  
Name           SCHULER, ROB  
Address        36 ISLAND AVE 51  
City-State-Zip: MIAMI BEACH FL 33139

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: ROBERT K SCHULER**

**OWNER**

**06/30/2020**

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

\_\_\_\_\_  
Date