

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000013257

**FILED**  
**Mar 25, 2016**  
**Secretary of State**  
**CC9159444972**

**Entity Name:** AVANTI HOME HEALTH OF PALM BEACH CORP

**Current Principal Place of Business:**

2240 WOOLBRIGHT ROAD  
SUITE# 302  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

2240 WOOLBRIGHT ROAD  
SUITE# 302  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 80-0683978

**Certificate of Status Desired:** No

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

CARDERO, JULIA  
2240 WOOLBRIGHT ROAD  
SUITE# 302  
BOYNTON BEACH, FL 33426 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            CARDERO, JULIA  
Address        2240 WOOLBRIGHT ROAD  
                  SUITE# 302  
City-State-Zip: BOYNTON BEACH FL 33426

Title            D  
Name            FERNANDEZ, ARELIS  
Address        2240 WOOLBRIGHT ROAD  
                  SUITE# 302  
City-State-Zip: BOYNTON BEACH FL 33426

*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:** JULIA CARDERO

**PRESIDENT**

**03/25/2016**

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

\_\_\_\_\_  
Date