

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000086863

Entity Name: CENTRAL FLORIDA HOME HEALTH SERVICES, INC.**Current Principal Place of Business:**2329 TILLMAN AVENUE
WINTER GARDEN, FL 34787**Current Mailing Address:**2329 TILLMAN AVENUE
WINTER GARDEN, FL 34787 US**FEI Number:** 45-3536692**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GITTO, JOSEPH AJR.
2329 TILLMAN AVENUE
WINTER GARDEN, FL 34787 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	GITTO, JOSEPH AJR.
Address	2329 TILLMAN AVENUE
City-State-Zip:	WINTER GARDEN FL 34787

Title	VP
Name	GITTO, AMARILIS C
Address	2329 TILLMAN AVENUE
City-State-Zip:	WINTER GARDEN FL 34787

Title	SEC
Name	GITTO, AMARILIS C
Address	2329 TILLMAN AVENUE
City-State-Zip:	WINTER GARDEN FL 34787

Title	TR
Name	GITTO, JOSEPH AJR.
Address	2329 TILLMAN AVENUE
City-State-Zip:	WINTER GARDEN FL 34787

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: JOSEPH ANTHONY GITTO**PRESIDENT****04/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date