

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000046734

**Entity Name:** ALBORADA HOME HEALTH OF TAMPA, INC.

**Current Principal Place of Business:**

8270 WOODLAND CENTER BLVD STE 127  
TAMPA, FL 33614

**Current Mailing Address:**

8270 WOODLAND CENTER BLVD STE 127  
TAMPA, FL 33614

**FEI Number:** 45-5320017

**Certificate of Status Desired:** No

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

MARTINEZ, IVONNE  
8270 WOODLAND CENTER BLVD STE 127  
TAMPA, FL 33614 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 MARTINEZ, IVONNE  
Address 8270 WOODLAND CENTER BLVD STE  
127  
City-State-Zip: TAMPA FL 33614

*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:** IVONNE MARTINEZ

**PRESIDENT**

**01/20/2015**

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

\_\_\_\_\_ Date