

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000077446

**FILED**  
**Mar 13, 2019**  
**Secretary of State**  
**0080121487CC**

**Entity Name:** HOME HEALTH CARE OF THE PALM BEACHES CORP

**Current Principal Place of Business:**

4460 CARVER ST.  
SUITE 2  
LAKE WORTH, FL 33461

**Current Mailing Address:**

4460 CARVER ST.  
SUITE 2  
LAKE WORTH, FL 33461

**FEI Number:** 46-3724846

**Certificate of Status Desired:** No

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

STANFIELD, PETER  
7340 SW 48 ST  
SUITE 107  
MIAMI, FL 33155 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	PRES	Title	VP
Name	MIJARES, RICARDO	Name	MIJARES, CARLOS
Address	4460 CARVER ST. SUITE 2	Address	4460 CARVER ST. SUITE 2
City-State-Zip:	LAKE WORTH FL 33461	City-State-Zip:	LAKE WORTH FL 33461

*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:** RICARDO MIJARES

**PRESIDENT**

**03/13/2019**

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

\_\_\_\_\_  
Date