

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000077446

**FILED**  
**May 06, 2020**  
**Secretary of State**  
**3603208219CC**

**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  
Name           MIJARES, RICARDO  
Address        4460 CARVER ST. SUITE 2  
City-State-Zip: LAKE WORTH FL 33461

Title           VP  
Name           MIJARES, CARLOS  
Address        4460 CARVER ST. SUITE 2  
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**

**05/06/2020**

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

\_\_\_\_\_  
Date