

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000020206

**Entity Name:** OFE HOME HEALTH CORP

**Current Principal Place of Business:**

1330 WEST 26TH PL  
APT 3  
HIALEAH, FL 33010

**Current Mailing Address:**

1330 WEST 26TH PL  
APT 3  
HIALEAH, FL 33010 US

**FEI Number:** 83-3908496

**Certificate of Status Desired:** No

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

LOPEZ GONZALEZ, OFELIA  
1330 WEST 26TH PL  
APT 3  
HIALEAH, FL 33010 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 LOPEZ GONZALEZ, OFELIA  
Address 1330 WEST 26TH PL APT 3  
City-State-Zip: HIALEAH FL 33010

*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:** OFELIA LOPEZ GONZALEZ

**PRESIDENT**

**02/26/2020**

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

\_\_\_\_\_  
Date