## SIGNATURE: ODENIA GALVEZ

Electronic Signature of Signing Officer/Director Detail

**Current Principal Place of Business:** 8270 WOODLAND CENTER BLVD.

Entity Name: AQM HOME HEALTH CORP

SUITE 169 TAMPA, FL 33614

DOCUMENT# P19000020966

#### **Current Mailing Address:**

8270 WOODLAND CENTER BLVD. **SUITE 169** TAMPA, FL 33614 US

#### FEI Number: 83-3822802

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

GALVEZ, ODENIA 8270 WOODLAND CENTER BLVD. SUITE 169 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

#### **Officer/Director Detail :**

Title	Ρ	Title	VP
Name	QUINONES, ALI A	Name	GALVEZ, ODENIA
Address	8270 WOODLAND CENTER BLVD. #169	Address	8270 WOODLAND CENTER BLVD. #169
City-State-Zip:	TAMPA FL 33614	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.

VP

# 2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2021 Secretary of State 1615716136CC

FILED

Certificate of Status Desired: No

02/24/2021

Date