

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000078540

**Entity Name:** AMERICAN HOME HEALTH PROVIDERS OF BROWARD, CORP

**Current Principal Place of Business:**

3350 SW 148TH AVE  
SUITE 110 ROOM-145  
MIRAMAR, FL 33027

**Current Mailing Address:**

3350 SW 148TH AVE  
SUITE 110 ROOM-145  
MIRAMAR, FL 33027 US

**FEI Number:** 84-3443898

**Certificate of Status Desired:** No

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

ABRAHAM, KEVIN  
3350 SW 148TH AVE  
SUITE 110 ROOM-145  
MIRAMAR, FL 33027 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 PS  
Name ABRAHAM, KEVIN  
Address 3350 SW 148TH AVE  
SUITE 110 ROOM-145  
City-State-Zip: MIRAMAR FL 33027

*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:** KEVIN ABRAHAM

**PRESIDENT**

**02/10/2023**

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

\_\_\_\_\_  
Date