

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005860

**Entity Name:** HELP AT HOME HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

354 N.E. 1ST. AVE.  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

354 N.E. 1ST. AVE.  
DELRAY BEACH, FL 33444

**FEI Number: 47-0896573**

**Certificate of Status Desired: No**

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

PREFERRED CARE AT HOME  
10808 AVENIDA SANTA ANA  
BOCA RATON, FL 33498 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            CHRM  
Name            GUERRIERI, FRANK  
Address        10808 AVENIDA SANTA ANA  
City-State-Zip: BOCA RATON FL 33498

Title            VCHR  
Name            GUERRIERI, JODY  
Address        10808 AVENIDA SANTA ANA  
City-State-Zip: BOCA RATON FL 33498

*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: FRANK GUERRIERI**

**PRESIDENT**

**02/11/2014**

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

\_\_\_\_\_  
Date