

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F11999

**FILED**  
**Jul 25, 2011**  
**Secretary of State**

**Entity Name:** RUBY'S HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

100 S. PINE ISLAND ROAD  
SUITE 144  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 S. PINE ISLAND ROAD  
SUITE 144  
PLANTATION, FL 33324 US

**New Mailing Address:**

**FEI Number:** 59-2057442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YEE, BRIDGETTE  
100 S. PINE ISLAND ROAD  
SUITE 144  
PLANTATION, FL 33324 US

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

EDMAN, RUBY  
100 S. PINE ISLAND ROAD  
SUITE 144  
PLANTATION, FL 33324 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: RUBY EDMAN

07/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: EDMAN, RUBY  
Address: 100 S. PINE ISLAND ROAD, SUITE 144  
City-St-Zip: PLANTATION, FL 33324

Title: VP  
Name: EDMAN, VINCENT  
Address: 100 S. PINE ISLAND ROAD, SUITE 144  
City-St-Zip: PLANTATION, FL

Title: D  
Name: EDMAN, RUBY  
Address: 100 S. PINE ISLAND ROAD, SUITE 144  
City-St-Zip: PLANTATION, FL

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: RUBY EDMAN

PRES

07/25/2011

Electronic Signature of Signing Officer or Director

Date