

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001992

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA ALLIANCE OF HOME CARE SERVICES INC.

**Current Principal Place of Business:**

2351 NW 93RD AVE  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2351 NW 93RD AVE  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 35-2363432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWINGHAMMER, SEAN  
14501 DADE PINE AVE  
MIAMI LAKES, FL 33014 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** RIBAS, ROSELIO E  
**Address:** 8366 NW 66TH STREET  
**City-St-Zip:** DORAL, FL 33166

**Title:** TD  
**Name:** HERNANDEZ, RODOLFO  
**Address:** 10540 NW 29TH TERR  
**City-St-Zip:** DORAL, FL 33172

**Title:** SD  
**Name:** HALL, JERRY  
**Address:** 6539 POWERS AVE #3  
**City-St-Zip:** JACKSONVILLE, FL 32217

**Title:** VPD  
**Name:** ROLLYSON, DEANNA  
**Address:** 48 N ALEXANDER ST  
**City-St-Zip:** PLANT CITY, FL 33563

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RODOLFO HERNANDEZ

TD

03/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date