

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000063257

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA PEDIATRIC HOMECARE INC.

**Current Principal Place of Business:**

2452 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

2452 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 65-1114184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHARIEF, BARBARA M  
2452 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SHARIEF, BARBARA M  
Address: 2452 N. UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

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: BARBARA SHARIEF

PST

01/08/2010

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

\_\_\_\_\_ Date