

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000064878

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** DAILY HOME HEALTH, INC.

**Current Principal Place of Business:**

633 NE 167TH ST  
616  
MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

633 NE 167 ST #505  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

633 NE 167TH ST  
616  
MIAMI, FL 33162

**FEI Number:** 65-1120299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OLAIGBE, OLA  
18441 NW 2ND AVE, SUITE #220  
MIAMI, FL 33169 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:** PVST  
**Name:** AJAYI, FEHINTOLA  
**Address:** 633 NE 167 ST #505  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

**Title:** D  
**Name:** AJAYI, FEHINTOLA  
**Address:** 633 NE 167 ST #505  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33162

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:** FEHINTOLA AJAYI

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02/08/2012

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

\_\_\_\_\_  
Date