

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112580

FILED
Jan 05, 2011
Secretary of State

Entity Name: PINES HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

5400 S UNIVERSITY DR
STE 409
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5400 S UNIVERSITY DR
STE 409
DAVIE, FL 33328

New Mailing Address:

FEI Number: 65-1145366 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AGUINALDO, LYDIA
1091 NW 157TH AVE.
PEMBROKE PINES, FL 33028 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: P
Name: AGUINALDO, LYDIA
Address: 1091 NW 157TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T
Name: TABLADA, RAYMUNDO
Address: 1081 NW 157TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S
Name: BRUTUS, MA SOCORRO G
Address: 7972 TROPICANA DR.
City-St-Zip: MIRAMAR, FL 33023

Title: D
Name: GATMAITAN, MALUISA
Address: 15470 NW 11TH ST.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D
Name: BADAR, REMEDIOS T
Address: 128 AGUSTA DR.
City-St-Zip: PALOS HEIGHTS, IL 60463

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: LYDIA AGUINALDO

ADM

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date