

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000036830

**FILED**  
**Feb 04, 2011**  
**Secretary of State**

**Entity Name:** ANGELS CARE HOME HEALTH INC.

**Current Principal Place of Business:**

2800 WEST 84 ST  
7  
HIALEAH, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

2800 WEST 84 ST  
7  
HIALEAH, FL 33018

**New Mailing Address:**

**FEI Number:** 01-0678711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNANDEZ, ENER  
2800 WEST 84 SREET  
7  
HIALEAH, FL 33018 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:** HERNANDEZ, ENER  
**Address:** 2800 WEST 84 STREET #7  
**City-St-Zip:** HIALEAH, FL 33018

**Title:** VD  
**Name:** HERNANDEZ, VIAMNEY  
**Address:** 2800 WEST 84 STREET #7  
**City-St-Zip:** HIALEAH, FL 33018

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:** ENER HERNANDEZ

PD

02/04/2011

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

\_\_\_\_\_  
Date