

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043205

FILED  
Feb 06, 2006  
Secretary of State

**Entity Name:** SOUTH FLORIDA HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

8181 NW 36 STREET  
SUITE 15  
DORAL, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8181 NW 36 STREET  
SUITE 15  
DORAL, FL 33166

**New Mailing Address:**

**FEI Number:** 04-3650256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, MIRIAM  
3010 SW 103 CT.  
MIAMI, FL 33165 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: PD ( ) Delete  
Name: GONZALEZ, MIRIAM  
Address: 3010 SW 103 CT  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** MIRIAM GONZALEZ

PD

02/06/2006

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

\_\_\_\_\_  
Date