

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90130 016 ***150.00

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DOCUMENT # P02000095946 1. Entity Name MIAMI HOME HEALTH AGENCY, INC.					
Principal Place of Business 7821 CORAL WAY, STE. 117 MIAMI, FL 33155			Mailing Address 7821 CORAL WAY, STE. 117 MIAMI, FL 33155		
2. Principal Place of Business 7120 SW 47 Street		3. Mailing Address 7120 SW 47 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 13-4211980	
Zip 33155		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOA, FELISA C 7821 CORAL WAY, STE. 117 MIAMI, FL 33155			7. Name and Address of New Registered Agent Name NOA, FELISA C. Street Address (P.O. Box Number is Not Acceptable) 7120 SW 47 Street City MIAMI FL Zip Code 33155		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST NOA, FELISA C 7821 CORAL WAY, STE. 117 MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST NOA, FELISA C. 7120 SW 47 Street MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			FELISA C. NOA		03/23/06 (786) 268-7823
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>