

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000095946

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** MIAMI HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

13055 SW 42 STREET  
SUITE 208  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

13055 SW 42 STREET  
SUITE 208  
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number:** 13-4211980      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

NOA, FELISA  
13055 SW 42 STREET  
SUITE 208  
MIAMI, FL 33175 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: NOA, FELISA  
Address: 13055 SW 42 STREET SUITE 208  
City-St-Zip: MIAMI, FL 33175

Title: D  
Name: NOA, FELISA  
Address: 13055 SW 42 STREET SUITE 208  
City-St-Zip: MIAMI, FL 33175

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: FELISA NOA

PVST

03/23/2012

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

\_\_\_\_\_  
Date