

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90080 039 ***158.75

DOCUMENT # P03000002507

1. Entity Name
ALLIANCE HOME HEALTH INC.



Principal Place of Business
7340 SW 48TH ST
MIAMI, FL 33155

Mailing Address
7340 SW 48TH ST
200
MIAMI, FL 33155



2. Principal Place of Business - No P.O. Box #
7340 SW 48th ST

3. Mailing Address
7340 SW 48th ST

Suite, Apt. #, etc.
Suite 106

Suite, Apt. #, etc.
Suite 106

City & State
Miami, FL

City & State
Miami, FL

Zip
33155

Country
DADE

Zip
33155

Country
DADE

01232007 Chg-P CR2E034 (12/06)

4. FEI Number:
43-1991904

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANST, HILDA
11930 SW 46TH AVE.
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
FORS, GEORGE
8900 CORAL WAY
MIAMI, FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HANST, HILDA
7340 SW 48TH ST STE 16
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
HANST, HILDA
8900 CORAL WAY
MIAMI, FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

Hilda Hanst President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07 305-554-5227
Date Daytime Phone #