

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000040590

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** OUTSTANDING HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

6355 NW 36 STREET, #307  
VIRGINIA GARDENS, FL 33166

**New Principal Place of Business:**

6355 NW 36 STREET  
307  
VIRGINIA GARDENS, FL 33166

**Current Mailing Address:**

6355 NW 36 STREET, #307  
VIRGINIA GARDENS, FL 33166

**New Mailing Address:**

6355 NW 36 STREET  
307  
VIRGINIA GARDENS, FL 33166

**FEI Number:** 56-2355780

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, GISELLE L  
6355 NW 36 STREET, #307  
VIRGINIA GARDENS, FL 33166 US

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

GARCIA, GISELLE L  
6355 NW 36 STREET  
307  
VIRGINIA GARDENS, FL 33166 US

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: GISELLE GARCIA

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GARCIA, GISELLE  
Address: 6355 N.W. 36TH ST #307  
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: GISELLE GARCIA

P

02/18/2011

Electronic Signature of Signing Officer or Director

Date