

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071942

FILED
Jan 05, 2011
Secretary of State

Entity Name: FLORIDA HOME HEALTH ASSOCIATION, INC.

Current Principal Place of Business:

8180 NW 36 STREET
STE. 409
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8180 NW 36 STREET
STE. 409
MIAMI, FL 33166

New Mailing Address:

FEI Number: 35-2209508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABDOOL, ADELAIDE S
8180 NW 36 ST STE 409
MIAMI, FL 33166 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: PST
Name: ABDOOL, ADELAIDE S
Address: 8180 NW 36 ST STE 409
City-St-Zip: MIAMI, FL 33166

Title: VP
Name: ABDOOL, ADELAIDE S
Address: 8180 NW 36 ST STE 409
City-St-Zip: MIAMI, 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: ADELAIDE S. ABDOOL

PVST

01/05/2011

Electronic Signature of Signing Officer or Director

Date