2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000122291

SANTA CLARA HOME HEALTH CARE, INC.

1. Entity Name

FILED Mar 22, 2004 8:00 am Secretary of State 03-10-2004 90029 006 ***150.00

3/:

				<u> </u>
Principal Place	e of Business	Mailing Address	· · · ·	<u> </u>
9745 SUNSET DR STE 127		9745 SUNSET DR STE 127		66407202
MIAMI FL 33173		MIAMI FL 33173	·	20210200
			_	I LODDINGU KU QUITTI RIKA DUITI UTKII DALIY KUNTU TITKA HAVA TITKA RIKHI KIKABU A KAKA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number 20 - 0365543 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
ARC	QUELLES, MAYRA 39 SW 102 CT	. 	- Street Addr	ass (P.O. Box Number is Not Acceptable)
	MI FL 33157			<u> </u>
ļ				
			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 .				
ina haranga ayan k	Signature, typed or printed name of registered agent success to the control of the control of the control of	and the rappicable. (NOT)	E: Registered Agent signature re	operact when recistating) DATE
	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing \$5.00 May Be
	r May 1, 2004: Fee will be \$550.00 k Payable to Florida Department o	f State		Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	San transfer	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DP OF TOUR SAN	☐ Delete	TITLE .	Change Addition
NAME	ARQUELLES, MAYRA	<u> </u>	NAME 3	RAUELLES MAYRA.
STREET ADDRESS	19139 SW 102 CT		STREET ADDRESS	9/34 5.W 102 ct '
CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP	KIAHI PT 33/57.
TITLE	DV	Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP	MIAMI FL 33157		CITY-ST-ZIP	•
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_CITY-ST-ZIP			CiTY-ST-ZIP	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
RAME			NAME	
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CITY-ST-ZIP	<u> </u>	-	CITY-ST-ZEP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
12. I hereby	L certify that the information supplied wit	h this filing does not qualify fo	r the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this report or supplemental report	is true and accurate and that i	my signature shall have	the same legal effect as if made under oath; that I am an officer or director of 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if

of the comportation of the receiver of trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.