

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000152112

1. Entity Name
MERLYS HOME HEALTH CARE AGENCY INC.



Principal Place of Business
7216 SW 8TH STREET
SUITE 2
MIAMI, FL 33144

Mailing Address
5874 SW 4 ST
MIAMI, FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05012006

Chg-P

CR2E034 (11/05)

4. FEI Number
65-0227955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, LAZARO M
5874 SW 4 ST
MIAMI, FL 33144

Name SANDRA ALVAREZ

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

7216 SW 4 ST

Miami

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 *Sandra Alvarez* SANDRA ALVAREZ

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

(NOTE: Registered Agent signature required when reinstating)

05/01/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

300075020543

05/22/06--01023--014 **150.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ALVAREZ, SANDRA
STREET ADDRESS 5874 SW 4 ST
CITY-ST-ZIP MIAMI, FL 33144 ☐ Delete

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

TITLE V
NAME HERNANDEZ, LAZARO
STREET ADDRESS 5874 SW 4 ST
CITY-ST-ZIP MIAMI, FL 33144 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Sandra Alvarez* SANDRA ALVAREZ 05/01/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

86-275-9953

FILED

06 MAY -2 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

