

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90190 044 ***158.75

DOCUMENT # P04000058361

1. Entity Name

DEMOSTHENES HOME HEALTH AGENCY, INC.



Principal Place of Business

3121 PONCE DE LEON BLVD STE 103
CORAL GABLES FL 33134

Mailing Address

3121 PONCE DE LEON BLVD STE 103
CORAL GABLES FL 33134

2. Principal Place of Business

15715 So. Dixie Hwy
Suite, Apt. #, etc. 306

3. Mailing Address

15715 So. Dixie Hwy
Suite, Apt. #, etc. 306

City & State

Palmetto Bay

City & State

Palmetto Bay

Zip 33157-1880

Country USA

Zip 33157-1880

Country USA

4. FEI Number

57-1202674

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

DOMESTHENES, FLORENCE
11421 S.W. 28TH STREET
MIAMI FL 33165

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DEMOSTHENES, FLORENCE
STREET ADDRESS 11421 S.W. 28TH STREET
CITY-ST-ZIP MIAMI FL 33165

TITLE SEC TREAS ☐ Delete
NAME Richard M. Iler
STREET ADDRESS 16499 NE 19 Ave #107
CITY-ST-ZIP Miami FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

786-355-8882

Date

Daytime Phone #