

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90032 001 \*\*\*150.00

**DOCUMENT # P04000058361**

1. Entity Name  
**DEMOSTHENES HOME HEALTH AGENCY, INC.**



Principal Place of Business  
**15715 SOUTH DIXIE HIGHWAY  
306  
MIAMI, FL 33157**

Mailing Address  
**15715 SOUTH DIXIE HIGHWAY  
306  
MIAMI, FL 33157**

40020000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202008 Chg-P CR2E034 (12/06)

4. FEI Number

**57-1202674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEMOSTHENES, 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

01/20/08

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11.

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Demosthenes Home Health Agency  
14707 South Dixie Highway # 314  
Miami, FL 33176**

Please take note  
of the new  
address

STORS IN 11

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/20/08