FILED Apr 25, 2005 8:00 am Secretary of State

ANNUAL REPORT	ijŌņ
DOCUMENT # P04000091465	1 2

DOCUMENT # P0400091465 1. Entity Name PREFERRED HOME HEALTH AGENCY INC.							04-25-2005	•			
Principal Plac	e of Busines:	\$	Mailing Address		<u> </u>						
6555 NW 36TH ST SUITE B 303 VIRGINIA GARDENS, FL 33166 6555 NW 36TH ST SUITE B 303 VIRGINIA GARDENS, FL 33166					20044327						
Principal Place of Business 3. Mailing Address				<u> </u>							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Q			04202005 Chg-P CR2E034 (10/03)				
City & State SAME			City & State	City & State SAME.			er/24328	P0		Applicable	
Žip		Country	Zip	Coun	itry	5. Certificate	of Status Desired	□ \$	8.75 Addi	tional	
	6. Name	and Address of Curre	ent Registered Agent		Namo	7. Name and	Address of New I		ent		
CHIRINO, ROLANDO 6555 NW 36TH ST SUITE B 303				Street Address (P.S. Box Number is No. Acceptable)							
VIRGINIA GARDENS, FL 33166			Suite B 303.								
		·	<u></u>		CityVIRG	INIA GA	ROUNS	FL	2337	46	
8. The above the obligat	named entitions of regist	y submits this statemer tered agent.	nt for the purpose of changing	its register	ed office or regis	stelled agent, or bo	oth, in the State of Fi	lorida. I am far	miliar with, a	and accept	
the obligations of registered agent. SIGNATURE VOANNER DARDOSO Signifure, typed or privated name of registered agent and title it applicable. (NOTE; Registipfied Agent stipfature required whon reinstating) ATE O4/19/05,											
						· · ·	<u> </u>				
		FEE IS \$150.00 5 Fee will be \$55	50.00 Trust Fund 0			\$5.00 May Be Added to Fees		•	-	ļ	
10.		.) OFFICERS A	ND DIRECTORS	11.	1 7		CHANGES TO OF				
TITLE NAME	D CHIRINO	, ROLANDO	☐ Delete	TITE		RESIDED	QCARDOS	0 !	Change	Addition	
STREET ADDRESS					EET ADDRESS	ADDRESS ADDRES					
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166 CITY			-ST-ZIP	VIRGINI	A BARDO	WS FI	_ 33	168		
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NAME STREET ADDRESS				NAM							
CITY-ST-ZIP					eet address /-st-zip					1	
	certify that th	ne information supplied	with this filing does not quali			n Section 119.07/3	(i). Florida Statutes	. I further certif	v that the in	nformation	
indicated of the co	on this reportion or t	ort or supplemental reports the receiver or trustee e	with this filing does not quali ort is true and accurate and to empowered to execute this re ess, with all other like empowe	nat my signa	iture shall have t	the same legal effe	ct as if made under	roath; that I an	n an officer	or director	
changed	, or on an att	tachment with an addre	ess, with all other like empower	ered.	1	, 2.2(0)	/ /	FF-00.0 #1			