

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102450

FILED  
May 02, 2007  
Secretary of State

Entity Name: BANYAN HOME HEALTH AGENCY, INC.

## Current Principal Place of Business:

12281 SW 187TH ST  
MIAMI, FL 33177

## New Principal Place of Business:

1000 PONCE DE LEON BLVD  
SUITE 304  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

12281 SW 187TH ST  
MIAMI, FL 33177

## New Mailing Address:

1000 PONCE DE LEON BLVD  
SUITE 304  
CORAL GABLES, FL 33134 US

FEI Number: 20-1621026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARRECHEA, KARLA  
1000 PONCE DE LEON  
SUITE 304  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ARRECHEA, KARLA  
Address: 1915 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARLA ARRECHEA

D

05/02/2007

Electronic Signature of Signing Officer or Director

Date