

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-07-2005 90003 043 ***150.00

DOCUMENT # P04000123230

1. Entity Name
FLORIDA HOME HEALTH CARE PROVIDERS, INC.



Principal Place of Business
**1779 W 37TH STREET
UNIT 15, SECOND FLOOR
HIALEAH, FL 33012 US**

Mailing Address
**1779 W 37TH STREET
UNIT 15, SECOND FLOOR
HIALEAH, FL 33012 US**

66023366



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05092005

Chg-P

CR2E034 (10/03)

4. FEI Number

32-0124867

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

**FREYRE, GISELLE RN
2700 SW 194 TERR
MIRAMAR, FL 33029**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P,S** ☐ Delete
NAME **FREYRE, GISELLE RN**
STREET ADDRESS **2700 SW 194 TERR**
CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE **P,S,VP,T** ☐ Change ☒ Addition
NAME **Freyre, Giselle M**
STREET ADDRESS **2700 S.W. 194 Terr**
CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE **VP,T** ☒ Delete
NAME **FREYRE, RAUL M**
STREET ADDRESS **2700 SW 194 TERR**
CITY-ST-ZIP **MIRAMAR, FL 33029**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 119.07(3)(i), 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

6/2/05
Date

(305) 557-2225
Daytime Phone #