

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123230

**FILED**  
**Jun 30, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA HOME HEALTH CARE PROVIDERS, INC.

**Current Principal Place of Business:**

4150 NW 7TH ST., SUITE 204  
MIAMI, FL 33126 US

**New Principal Place of Business:**

4150 NW 7 STREET  
SUITE 204  
MIAMI, FL 33126 US

**Current Mailing Address:**

4150 NW 7TH ST., SUITE 204  
MIAMI, FL 33126 US

**New Mailing Address:**

4150 NW 7 STREET  
SUITE 204  
MIAMI, FL 33126

**FEI Number:** 32-0124867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TELLECHEA, VICENTA  
11845 SW 43 STREET  
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

TELLECHEA, VICENTA  
4150 NW 7 STREET  
SUITE 204  
MIAMI, FL 33126 US

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: VICENTA TELLECHEA

06/30/2008

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: VP ( ) Delete  
Name: FREYRE, GISELLE RN  
Address: 2700 SW 194 TERR  
City-St-Zip: MIRAMAR, FL 33029 US

Title: P ( ) Delete  
Name: TELLECHEA, VICENTA  
Address: 11845 SW 43 STREET  
City-St-Zip: MIAMI, FL 33175

Title: S (X) Delete  
Name: ZAMBRANA, GLADYS  
Address: 640 SW 122 CT  
City-St-Zip: MIAMI, FL 33184

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TELLECHEA, VICENTA  
Address: 4150 NW 7 STREET, #204  
City-St-Zip: MIAMI, FL 33126 US

Title: VP/S (X) Change ( ) Addition  
Name: ZAMBRANA, GLADYS  
Address: 4150 NW 7 STREET, #204  
City-St-Zip: MIAMI, FL 33126

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: VICENTA TELLECHEA

P

06/30/2008

Electronic Signature of Signing Officer or Director

Date