

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000134196

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** AMERICA-LOVING CARE HOME HEALTH, INC.

**Current Principal Place of Business:**

13917 SW 140TH STREET  
MIAMI, FL 33186 US

**New Principal Place of Business:**

13275 SW 124 STREET  
MIAMI, FL 33186 US

**Current Mailing Address:**

13917 SW 140TH STREET  
MIAMI, FL 33186 US

**New Mailing Address:**

13275 SW 124 STREET  
MIAMI, FL 33186 US

**FEI Number:** 73-1720384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEDINA, ROLANDO  
13917 SW 140TH STREET  
MIAMI, FL 33186 US

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

MEDINA, ROLANDO  
13275 SW 124 STREET  
MIAMI, FL 33186 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: ROLANDO MEDINA

02/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MEDINA, ROLANDO  
Address: 13275 SW 124 STREET  
City-St-Zip: MIAMI, FL 33186 US

Title: PRES  
Name: MONTES, ROBERT  
Address: 13275 SW 124 STREET  
City-St-Zip: MIAMI, FL 33186

Title: VP  
Name: FERNANDEZ, MAILYN  
Address: 13275 SW 124 STREET  
City-St-Zip: MIAMI, FL 33186

I hereby 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 all other like empowered.

SIGNATURE: ROLANDO MEDINA

CEO

02/24/2010

Electronic Signature of Signing Officer or Director

Date