

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90034 021 ***150.00

DOCUMENT # P04000139891

1. Entity Name
HOME HEALTH AGENCY - LAS VEGAS, INC.



Principal Place of Business
11780 WEST SAMPLE ROAD SUITE 105
CORAL SPRINGS, FL 33065

Mailing Address
11780 WEST SAMPLE ROAD SUITE 105
CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1729182

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTNOY, FRED
11780 W. SAMPLE ROAD
SUITE 105
CORAL SPRINGS, FL 33065

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES NAGPAL, BEENA 11780 W. SAMPLE ROAD, SUITE 105 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC PORTNOY, FRED 11780 W. SAMPLE ROAD, SUITE 105 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAGPAL, NARESH 11780 W SAMPLE RD., STE 105 CORAL SPRINGS, FL 33065
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mitch Wallace M. TCH WALLACE, CEO 4/27/07 (954) 753-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #