

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000014945

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** LARKIN HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

6129 SW 70TH STREET  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

6230 SW 70TH STREET  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

7031 SW 62ND AVENUE  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 06-1740319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORMAN, LENARD H  
1320 S DIXIE HWY PENTHOUSE 1275  
CORAL GABLES, FL 33146 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MICHEL, JACK  
Address: 7031 S.W. 62ND AVE  
City-St-Zip: MIAMI, FL 33143

Title: D  
Name: PEREIRA, ALBA  
Address: 7031 S.W. 62ND AVE  
City-St-Zip: MIAMI, FL 33143

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: JACK MICHEL

P

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date