

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034221

FILED
Apr 20, 2006
Secretary of State

Entity Name: FLORIDA HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

3850 SW 87 AVENUE
MIAMI, FL 33165

New Principal Place of Business:

108 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

8400 SW 133 AVENUE APT 207
MIAMI, FL 33183

New Mailing Address:

108 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

FEI Number: 20-2480505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PUERTA, MIRBIAN
8025 NW 7 ST APT 202
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

PUERTA, MIRBIAN
8400 SW 133 AVE APT.207
MIAMI, FL 33183 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:

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: PUERTA, MIRBIAN
Address: 8025 NW 7 ST APT 202
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: PUERTA, MIRBIAN
Address: 8400 SW 133 AVE APT.207
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the 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: MIRBIAN PUERTA

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04/20/2006

Electronic Signature of Signing Officer or Director

Date