2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000034221

FLORIDA HOME HEALTH AGENCY, INC.



FILED Feb 23, 2007 08:00 AM Secretary of State

Principal Place of Business

108 PONCE DE LEON BLVD CORAL GABLES, FL. 33134

Mailing Address

108 PONCE DE LEON BLVD CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P Applied For 4. FEI Number 20-2480505 Not Applicable

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5. Certificate of Status Desired

02162007

\$8.75 Additional Fee Required

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS PUERTA, MIRBIAN 8400 SW 133 AVE APT.207 MIAMI, FL 33183				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000646030 03/06/07-80014-002 158.75
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12. Thereby certify that the information supplied with this filling 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 exprowered.					