

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000034221

**FILED**  
**Sep 13, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

1275 WEST 47 TH PLACE  
301  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1275 WEST 47 TH PLACE  
301  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 20-2480505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASCA, MIGUEL ANGEL  
1275 WEST 47 TH PLACE  
STE 301  
HIALEAH, FL 33012 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: GASCA, MIGUEL ANGEL  
Address: 1275 WEST 47TH PLACE SUITE 301  
City-St-Zip: HIALEAH, FL 33012

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: MIGUEL ANGEL GASCA

PRES

09/13/2011

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

\_\_\_\_\_  
Date