2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

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Entity Name: ALTERNATIVE HOME HEALTH CARE OF MIAMI-DADE COUNTY, INC.

Current Principal Place of Business:

4481-1 NORTH STATE ROAD 7
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

190 NE 199 ST.
STE 108
N. MIAMI BEACH, FL 33179

Current Mailing Address:

4481-1 NORTH STATE ROAD 7
FORT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 14-1925483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANN, GEORGE A
4481 N STATE RD 7
FT LAUDERDALE, FL 33319 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: PT
Name: CANN, A. GEORGE
Address: 325 WINDMILL PALM AVE.
City-St-Zip: PLANTATION, FL 33324

Title: S
Name: ALBANO, CARLA J
Address: 325 WINDMILL PALM AVE.
City-St-Zip: PLANTATION, FL 33324

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: A. GEORGE CANN PRES 04/12/2011

Electronic Signature of Signing Officer or Director Date