

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000059384

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

**Entity Name:** AV HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

7350 NW 7TH ST  
STE 114  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

7350 NW 7TH ST  
STE 114  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 11-3751143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARES, MILTON CPA  
3636 SW 87 AVE  
MIAMI, FL 33165 US

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

BILLOCH & ASSOCIATES, P.A.  
12955 SW 42 ST  
SUITE# 5  
MIAMI, FL 33175 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:** MARILUZ BILLOCH

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PVTs  
**Name:** RODRIGUEZ, VIVIAN  
**Address:** 7350 NW 7TH ST STE 114  
**City-St-Zip:** MIAMI, FL 33126

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:** VIVIAN RODRIGUEZ

PVTs

04/13/2011

Electronic Signature of Signing Officer or Director

Date