

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068339

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** 1ST CLASS HOME HEALTH, INC.

**Current Principal Place of Business:**

8660 WEST FLAGLER STREET  
121  
MIAMI, FL 33144 US

**New Principal Place of Business:**

1414 NW 107 AVE  
114  
MIAMI, FL 33172 US

**Current Mailing Address:**

8660 WEST FLAGLER STREET  
121  
MIAMI, FL 33144 US

**New Mailing Address:**

1414 NW 107 AVE  
114  
MIAMI, FL 33172 US

**FEI Number:** 52-2459433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASOLA, ANGEL  
8660 WEST FLAGLER STREET  
121  
MIAMI, FL 33144 US

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

CASOLA, ANGEL  
1414 NW 107 AVE  
114  
MIAMI, FL 33172 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: ANGEL CASOLA

02/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CASOLA, ANGEL  
Address: 3736 SW 107 CT  
City-St-Zip: MIAMI, FL 33165 US

Title: VP  
Name: PLACERES, MAYELIN  
Address: 3736 SW 107 CT  
City-St-Zip: MIAMI, FL 33165 US

Title: S  
Name: PLACERES, MAYELIN  
Address: 3736 SW 107 CT  
City-St-Zip: MIAMI, FL 33165 US

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: ANGEL CASOLA

P

02/09/2011

Electronic Signature of Signing Officer or Director

Date