

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103709

**FILED**  
**Mar 28, 2006**  
**Secretary of State**

**Entity Name:** PRIME PROFESSIONAL HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

7500 NW 25TH ST., SUITE 249  
MIAMI, FL 33122

**New Principal Place of Business:**

8851 NW 119TH STREET  
APT. 5113  
HIALEAH GARDENS, FL 33018

**Current Mailing Address:**

7500 NW 25TH ST., SUITE 249  
MIAMI, FL 33122

**New Mailing Address:**

8851 NW 119TH STREET  
APT. 5113  
HIALEAH GARDENS, FL 33018

**FEI Number:** 20-3202454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MACHIN, ISABEL  
7500 NW 25TH ST., SUITE 249  
MIAMI, FL 33122 US

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

MACHIN, ISABEL  
8851 NW 119TH STREET  
APT. 5113  
HIALEAH GARDENS, FL 33018 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:** ISABEL MACHIN

03/28/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** MACHIN, ISABEL  
**Address:** 8851 NW 119TH ST., #5113  
**City-St-Zip:** HIALEAH GARDENS, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** ISABEL MACHIN

PRES

03/28/2006

Electronic Signature of Signing Officer or Director

Date