

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000110908

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** HEALTHY HOME HEALTH CARE INC

**Current Principal Place of Business:**

5795B NW 151ST STREET  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

5795B NW 151ST STREET  
MIAMI LAKES, FL 33014

**New Mailing Address:**

**FEI Number:** 20-3292422

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIALLO, HILDA M  
5795B NW 151ST STREET  
MIAMI LAKES, FL 33014 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: VSD  
Name: MENDEZ, ANDRES  
Address: 5795B NW 151ST STREET  
City-St-Zip: MIAMI LAKES, FL 33014

Title: PD  
Name: FIALLO, HILDA M  
Address: 5795B NW 151ST STREET  
City-St-Zip: MIAMI LAKES, FL 33014

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: HILDA M FIALLO

PD

01/12/2012

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

\_\_\_\_\_  
Date