

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 8:00 am
Secretary of State

01-09-2007 90056 011 ***158.75

DOCUMENT # P05000128290

1. Entity Name
STATEWIDE HOME HEALTH, INC



Principal Place of Business
**400 N. PINE ISLAND RD., 2ND FLOOR, #203
PLANTATION, FL 33324**

Mailing Address
**400 N. PINE ISLAND RD., 2ND FLOOR, #203
PLANTATION, FL 33324**

60000715



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
13-4308435

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, MARIBEL F.
8838 W. FLAGLER ST., STE. 207
MIAMI, FL 33174**

Name **Rodriguez, Maribel F**
Street Address (P.O. Box Number is Not Acceptable)

7004 NW 81st PLACE

City **Tamarac**

FL Zip Code **33321**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maribel Rodriguez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/05/07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RODRIGUEZ, MARIBEL**
STREET ADDRESS **8838 W. FLAGLER ST., STE. 207**
CITY-ST-ZIP **MIAMI, FL 33174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **TRIGOSO, JOSE**
STREET ADDRESS **6305 SW 161 PLACE**
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maribel Rodriguez

01/05/07

954-474-7373