

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000139451

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** B FRIENDS HOME HEALTH, INC.

**Current Principal Place of Business:**

14750 SW 26 STREET  
SUITE 114  
MIAMI, FL 33185 US

**New Principal Place of Business:**

**Current Mailing Address:**

14750 SW 26 STREET  
SUITE 114  
MIAMI, FL 33185 US

**New Mailing Address:**

**FEI Number:** 16-1736892      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FUENTES BLANCO, EDUARDO  
14750 SW 26TH STREET  
SUITE 114  
MIAMI, FL 33185 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: PSD  
Name: FUENTES BLANCO, EDUARDO  
Address: 14750 SW 26TH STREET, SUITE 114  
City-St-Zip: MIAMI, FL 33185

Title: VPD  
Name: BARRIOS, SANDY  
Address: 14750 SW 26TH STREET, SUITE 114  
City-St-Zip: MIAMI, FL 33185

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: EDUARDO FUENTES

PRES

03/22/2012

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

\_\_\_\_\_  
Date