

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147606

FILED  
Apr 08, 2010  
Secretary of State

**Entity Name:** TRUST CARE HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

7925 NW 12TH STREET  
SUITE 324  
MIAMI, FL 33126

**New Principal Place of Business:**

3911 SW 67 AVENUE  
MIAMI, FL 33155

**Current Mailing Address:**

7925 NW 12TH STREET  
SUITE 324  
MIAMI, FL 33126

**New Mailing Address:**

3911 SW 67 AVENUE  
MIAMI, FL 33155

**FEI Number:** 20-3815075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESTOPINAN, AMARILYS  
7925 NW 12 STREET, SUITE 324  
MIAMI, FL 33184 US

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

ESTOPINAN, AMARILYS  
6400 NW 3 ST  
MIAMI, FL 33126 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:

04/08/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: ESTOPINAN, AMARILYS  
Address: 6400 NW 3 ST  
City-St-Zip: MIAMI, FL 33126

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: AMARILYS ESTOPINAN

DVP

04/08/2010

Electronic Signature of Signing Officer or Director

Date