

PD60000007701

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

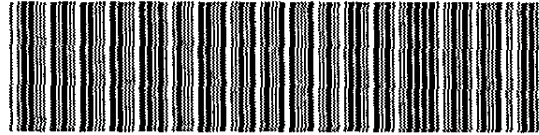
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JIMENEZ HOME HEALTH CARE, CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6 000007701

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAFAEL JIMENEZ  
(Name of Contact Person)

SAME  
(Firm/Company)

7160 SW 13 TER  
(Address)

MIAMI FL 33144  
(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL JIMENEZ at 305, 225-3921  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JIMENEZ HOME HEALTH CARE CORP  
2. The principal office address: 7160 SW 13 TER  
MIAMI FL 33144  
3. The mailing address (if different): SAME  
4. Date of incorporation/qualification: 01/17/06 Document number: P06 000007701  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

RAFAEL JIMENEZ  
850 NW 87 AVE 303  
MIAMI FL 33172

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RAFAEL JIMENEZ  
7160 SW 13 TER  
(P.O. Box NOT acceptable)  
MIAMI FL 33144

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

RAFAEL JIMENEZ P  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

09/13/06  
(Date)

If signing on behalf of an entity:

RAFAEL JIMENEZ  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)