

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007701

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: JIMENEZ HOME HEALTH CARE, CORP

## Current Principal Place of Business:

2530 SW 87 AVE. SUITE I  
MIAMI, FL 33165

## New Principal Place of Business:

2530 SW 87 AVE.  
I  
MIAMI, FL 33165

## Current Mailing Address:

2530 SW 87 AVE. SUITE I  
MIAMI, FL 33165

## New Mailing Address:

2530 SW 87 AVE.  
I  
MIAMI, FL 33165

FEI Number: 20-4108172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JIMENEZ, RAFAEL  
7160 SW 13 TERR  
MIAMI, FL 33144 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JIMENEZ, RAFAEL SR  
Address: 850 NW 87 AV SUIT # 303  
City-St-Zip: MIAMI, FL 33172

Title: VP ( ) Delete  
Name: MORALES, ILIANA  
Address: 850 NW 87 AV SUIT # 303  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: JIMENEZ, RAFAEL SR  
Address: 7160 SW 13 TER  
City-St-Zip: MIAMI, FL 33144

Title: VP (X) Change ( ) Addition  
Name: MORALES, ILIANA  
Address: 7160 SW 13 TER  
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ILIANA MORALES

VP

06/16/2009

Electronic Signature of Signing Officer or Director

Date