

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000007701

FILED
Jun 23, 2009
Secretary of State**Entity Name:** JIMENEZ HOME HEALTH CARE, CORP**Current Principal Place of Business:**2530 SW 87 AVE.
|
MIAMI, FL 33165**New Principal Place of Business:****Current Mailing Address:**2530 SW 87 AVE.
|
MIAMI, FL 33165**New Mailing Address:****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

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: JIMENEZ, RAFAEL SR
Address: 7160 SW 13 TER
City-St-Zip: MIAMI, FL 33144**Title:** VP () Delete
Name: MORALES, ILIANA
Address: 7160 SW 13 TER
City-St-Zip: MIAMI, FL 33144**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: RJ

PRES

06/23/2009

Electronic Signature of Signing Officer or Director

Date