

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000016757

**FILED**  
**Dec 03, 2012**  
**Secretary of State**

**Entity Name:** VITAL CARE HOME HEALTH SERVICES INC.

**Current Principal Place of Business:**

2475 NW 95 AVE #6  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2475 NW 95 AVE #6  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 20-4254087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICES OF ROBERTO MATUS, PA  
429 LENOX AVENUE, SUITE 4C17  
MIAMI BEACH, FL 33139 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/D  
Name: VIERA, MAGALY  
Address: 2475 NW 95 AVE #6  
City-St-Zip: DORAL, FL 33172

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: MAGALY VIERA

P

12/03/2012

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

\_\_\_\_\_  
Date