

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030933

**FILED**  
**Mar 05, 2011**  
**Secretary of State**

**Entity Name:** ST. JUDE BEST HOME CARE, INC

**Current Principal Place of Business:**

1055 EAST 4TH AVE SUITE A  
HIALEAH, FL 33010

**New Principal Place of Business:**

7750 WEST 26 AVENUE  
SUITE 11 & 12  
HIALEAH, FL 33016

**Current Mailing Address:**

1055 EAST 4TH AVE SUITE A  
HIALEAH, FL 33010

**New Mailing Address:**

7750 WEST 26 AVENUE  
SUITE 11 & 12  
HIALEAH, FL 33016

**FEI Number:** 20-4455575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACERO, MARTHA  
1055 EAST 4TH AVE SUITE A  
HIALEAH, FL 33010 US

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

ACERO, MARTHA  
7750 WEST 26 AVENUE  
SUITE 11 & 12  
HIALEAH, FL 33016 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:

03/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ACERO, MARTHA  
Address: 7750 WEST 26 AVENUE  
City-St-Zip: HIALEAH, FL 33016

Title: DM  
Name: DE LA TORRE, MARITZA  
Address: 7950 NW 190 TERR  
City-St-Zip: MIAMI, FL 33015

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: MARTHA ACERO

DP

03/05/2011

Electronic Signature of Signing Officer or Director

Date