

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034559

FILED  
May 01, 2009  
Secretary of State

Entity Name: PASTEUR HOME HEALTH CARE CENTER INC

**Current Principal Place of Business:**

551 WEST 51 PL  
207  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

551 WEST 51 PL  
207  
HIALEAH, FL 33012 US

**New Mailing Address:**

FEI Number: 20-4507426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMADOR, IVONNE E  
235 W 52ND ST  
HIALEAH, FL 33012 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: AMADOR, IVONNE E  
Address: 235 WEST 52 ST  
City-St-Zip: HIALEAH, FL 33012 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: IVONNE E AMADOR

P

05/01/2009

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

\_\_\_\_\_  
Date