

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034559

FILED
Feb 14, 2012
Secretary of State

Entity Name: MAXIMUM CARE HOME HEALTH INC

Current Principal Place of Business:

900 W 49TH STREET
SUITE 236
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

900 W 49TH STREET
SUITE 236
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

OFFICERS AND DIRECTORS:

Title: P
Name: AMADOR, IVONNE E
Address: 235 WEST 52 ST
City-St-Zip: HIALEAH, FL 33012 US

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: IVONNE E AMADOR

MRS

02/14/2012

Electronic Signature of Signing Officer or Director

Date