

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000041444

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** DOCTOR'S CHOICE HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

1745 WEST 37 ST  
UNIT 17  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1745 WEST 37 ST  
UNIT 17  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 22-3923142

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

DOCTOR'S CHOICE HEALTH CARE  
1745 WEST 37 ST  
UNIT 17  
HIALEAH, FL 33012 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:** ANA MARIA DIAZ

02/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** DIAZ, ANA MARIA  
**Address:** 1745 WEST 37 ST UNIT 17  
**City-St-Zip:** HIALEAH, FL 33012

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:** ANA MARIA DIAZ

PRES

02/17/2012

Electronic Signature of Signing Officer or Director

Date