

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000043832

1. Entity Name

B&H HOME HEALTH CARE, INC.



Principal Place of Business

930 NW 123 CT
MIAMI, FL 33182 US

Mailing Address

930 NW 123 CT
MIAMI, FL 33182 US

DO NOT WRITE IN THIS SPACE

FILED
Jun 30, 2008 08:00 AM
Secretary of State



06272008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-8890658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIEDRA AND ASSOCIATES, INC
5394 SW 119 AVE
COOPER CITY, FL 33330

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HERRERA, NOELIO H
930 NW 123 CT
MIAMI, FL 33182

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BERBIL, ILIET
930 NW 123 CT
MIAMI, FL 33182

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000953419
06/30/08-80001-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-08

Date

305-222-0217

Daytime Phone #