

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045573

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** QUALIFIED PROFESSIONAL HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

5941 NW 173RD DR  
UNIT #4  
MIAMI, FL 33015

**New Principal Place of Business:**

5941 NW 173RD DR  
UNIT #B4  
MIAMI, FL 33015

**Current Mailing Address:**

5941 NW 173RD DR  
UNIT #4  
MIAMI, FL 33015

**New Mailing Address:**

5941 NW 173RD DR  
UNIT #B4  
MIAMI, FL 33015

**FEI Number:** 20-4606824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORTEA, ELIZABETH L  
510 S 29TH CT  
HOLLYWOOD, FL 33020 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: ORTEA, EDUARDO J  
Address: 384 SW 205TH AVE  
City-St-Zip: PEMBROKE PINES, FL 330295012

Title: VP  
Name: ORTEA, ELIZABETH L  
Address: 510 S 29TH CT  
City-St-Zip: HOLLYWOOD, FL 33020

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: ELIZABETH L ORTEA

VP

04/29/2011

Electronic Signature of Signing Officer or Director

Date