

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000057451

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: SIGNATURE HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

1250 SW 27TH AVE, STE 205  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1250 SW 27TH AVE, STE 205  
MIAMI, FL 33134

**New Mailing Address:**

FEI Number: 20-4751412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROMAN, FIDEL  
6501 NW 36TH STREET  
STE 370  
VIRGINIA GARDENS, FL 33166 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: DP ( ) Delete  
Name: ROMAN, FIDEL  
Address: 6501 NW 36TH STREET, STE 370  
City-St-Zip: VIRGINIA GARDENS, FL 33166

**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: FIDEL ROMAN

DP

06/24/2009

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

\_\_\_\_\_  
Date