

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063787

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** ADVANTAGE HOME HEALTH CARE GENERAL SERVICES, INC

**Current Principal Place of Business:**

1015 SR 436  
SUITE 213  
CASELLBERRY, FL 32707 US

**New Principal Place of Business:**

1015 SR 436  
SUITE 209  
CASELLBERRY, FL 32707 US

**Current Mailing Address:**

1015 SR 436  
SUITE 213  
CASELLBERRY, FL 32707 US

**New Mailing Address:**

1015 SR 436  
SUITE 209  
CASELLBERRY, FL 32707 US

**FEI Number:** 20-4827790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUA, DIGNORAH Y  
1554 SUGARWOOD CIRCLE  
WINTER PARK, FL 32792 US

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

RUA, DIGNORAH Y  
331 TUDOR SPRING CT  
ORLANDO, FL 32828 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:**

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RUA, DIGNORAH Y  
**Address:** 331 TUDOR SPRING CT  
**City-St-Zip:** ORLANDO, FL 32828 US

**Title:** VP  
**Name:** OXAMENDI, ANAYANSI  
**Address:** 681 JASMINE RD  
**City-St-Zip:** CASSELBERRY, FL 32707 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:** RUA DIGNORAH Y

P

04/19/2011

Electronic Signature of Signing Officer or Director

Date