

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000067802

1. Entity Name

GRACE HOME HEALTHCARE INC



Principal Place of Business

4915 E 1 COURT
HIALEAH, FL 33013

Mailing Address

4915 E 1 COURT
HIALEAH, FL 33013



01042008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4897980

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OSMANY, TAPIA
6661 W 13 CRT
HIALEAH, FL 33013

**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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	TAMARGO, KEVIN
STREET ADDRESS	7201 W 34 LANE
CITY - ST - ZIP	HIALEAH GARDENS, FL 33018
TITLE	P
NAME	TAPIA, OSMANY
STREET ADDRESS	66613 W 13 CT
CITY - ST - ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/09/08-80039-006 158.75

**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

1/4/08

Date

305 505 83 63

Daytime Phone #