

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000075921

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** HUMANLY HOME HEALTH CARE AGENCY INC

**Current Principal Place of Business:**

11890 SW 8TH STREET  
SUITE 501  
MIAMI, FL 33184 US

**New Principal Place of Business:**

**Current Mailing Address:**

11890 SW 8TH STREET  
SUITE 501  
MIAMI, FL 33184 US

**New Mailing Address:**

**FEI Number:** 20-4970189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIEDRA, MANUEL JUNIOR  
11890 SW 8TH STREET  
SUITE 501  
MIAMI, FL 33184 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:** PD  
**Name:** PIEDRA, MANUEL JUNIOR  
**Address:** 11890 SW 8TH STREET SUITE 501  
**City-St-Zip:** MIAMI, FL 33184 US

**Title:** VP  
**Name:** GARCIA BIANCHI, JACQUELINE S  
**Address:** 11890 SW 8TH STREET SUITE 501  
**City-St-Zip:** MIAMI, FL 33184

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:** MANUEL JUNIOR PIEDRA

PD

04/12/2012

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

\_\_\_\_\_  
Date