

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000086679

FILED
Aug 01, 2008
Secretary of State**Entity Name:** TGR HOME HEALTH CARE, INC.**Current Principal Place of Business:**5545 SW 8 ST
206
MIAMI, FL 33134 US**New Principal Place of Business:****Current Mailing Address:**5545 SW 8 ST
206
MIAMI, FL 33134 US**New Mailing Address:****FEI Number:** 20-5159789**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANTAR TORRES
2001 SW 84 AVE
MIAMI, FL 33155 US**Name and Address of New Registered Agent:**TORRES, ANTAR
5545 SW 8 ST
206
MIAMI, FL 33134 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: ANTAR TORRES

08/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: GUTIERREZ, TERESITA
Address: 5545 SW 8 ST # 206
City-St-Zip: MIAMI, FL 33134 US**Title:** VP () Delete
Name: TORRES, ANTAR
Address: 5545 SW 8 ST # 206
City-St-Zip: MIAMI, FL 33134 US**Title:** S (X) Delete
Name: TORRES, ASIER
Address: 5545 SW 8 ST # 206
City-St-Zip: MIAMI, FL 33134 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPT (X) Change () Addition
Name: GUTIERREZ, TERESITA
Address: 5545 SW 8 ST # 206
City-St-Zip: MIAMI, FL 33134 US**Title:** DVPS (X) Change () Addition
Name: TORRES, ANTAR
Address: 5545 SW 8 ST # 206
City-St-Zip: MIAMI, FL 33134 US**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: TERESITA GUTIERREZ

PRES

08/01/2008

Electronic Signature of Signing Officer or Director

Date