

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086679

**FILED**  
**Mar 03, 2011**  
**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:**

13012 SW 128 ST  
A  
MIAMI, FL 33186 US

**Current Mailing Address:**

5545 SW 8 ST  
206  
MIAMI, FL 33134 US

**New Mailing Address:**

13012 SW 128 ST  
A  
MIAMI, FL 33186 US

**FEI Number:** 20-5159789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEON, ESTRELLA  
5545 SW 8 ST  
206  
MIAMI, FL 33134 US

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

LEON, ESTRELLA  
13012 SW 128 ST  
A  
MIAMI, FL 33186 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:

03/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: LEON, ESTRELLA  
Address: 13012 SW 128 ST # 206  
City-St-Zip: MIAMI, FL 33186 US

Title: VSD  
Name: MORALES, MADELIN  
Address: 13012 SW 128 ST # 206  
City-St-Zip: MIAMI, FL 33186 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: ESTRELLA LEON

PDT

03/03/2011

Electronic Signature of Signing Officer or Director

Date