

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091684

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** IDEA HOME HEALTH CARE, INC

**Current Principal Place of Business:**

6595 N.W. 36TH STREET  
309  
VIRGINIA GARDENS, FL 33166

**New Principal Place of Business:**

6595 N.W. 36TH STREET  
309  
VIRGINIA GARDENS, FL 33166 US

**Current Mailing Address:**

6595 N.W. 36TH STREET  
309  
VIRGINIA GARDENS, FL 33166

**New Mailing Address:**

6595 N.W. 36TH STREET  
309  
VIRGINIA GARDENS, FL 33166 US

**FEI Number:** 20-5177833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAINCHAULT, LUIS  
16040 EAST TROON CIRCLE  
MIAMI LAKES, FL 33014 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: PTD  
Name: PAINCHAULT, LUIS  
Address: 16040 EAST TROON CIRCLE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD  
Name: HERRERA, CARLOS  
Address: 3609 SW 16TH TERRACE  
City-St-Zip: MIAMI, FL 33145

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: LUIS PAINCHAULT

PDT

04/03/2012

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

\_\_\_\_\_  
Date