

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102311

FILED  
Jan 26, 2007  
Secretary of State

Entity Name: LIMITED HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

8040 NW 155TH STREET SUITE 215  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8040 NW 155TH STREET SUITE 215  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 20-5344967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARLOS E. GARCIA C.P.A., P.A.  
4995 NW 72 AVE SUITE 206  
MIAMI, FL 33166 US

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

ODETTE SANCHEZ  
8040 NW 155 ST SUITE 215  
MIAMI LAKES, FL 33016 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: ODETTE SANCHEZ

01/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: SANCHEZ, ODETTE  
Address: 3785 W 9TH CT  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ODETTE SANCHEZ

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01/26/2007

Electronic Signature of Signing Officer or Director

Date