

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102311

FILED  
Jan 07, 2010  
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:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 20-5344967

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ODETTE SANCHEZ  
8040 NW 155 STREET  
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:

01/07/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST  
Name: SANCHEZ, ODETTE  
Address: 8040 NW 155 STREET, SUITE 215  
City-St-Zip: MIAMI LAKES, FL 33016

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: ODETTE SANCHEZ

PST

01/07/2010

Electronic Signature of Signing Officer or Director

Date