

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000102311

**FILED**  
**Feb 22, 2011**  
**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:**

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

ADM

02/22/2011

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

\_\_\_\_\_  
Date