

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102311

FILED
Jan 09, 2012
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 SACHEZ

MRS

01/09/2012

Electronic Signature of Signing Officer or Director

Date