# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 11, 2012**
**Secretary of State**

DOCUMENT# P06000115380

**Entity Name:** NOVA HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

21200 POINT PL
402
AVENTURA, FL 33180

**New Principal Place of Business:**

21200 POINT PL
402
AVENTURA, FL 33180 UN

**Current Mailing Address:**

21200 POINT PL
402
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number: 20-5503065** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BUENOS, ALEJANDRO
21200 POINT PLACE
402
AVENTURA, FL 33180 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: P
Name: BUENOS, ALEJANDRO
Address: 21200 POINT PLACE, APT #402
City-St-Zip: AVENTURA,, FL 33180

Title: VP
Name: BUENOS, SANDRA
Address: 21200 POINT PLACE, APT #402
City-St-Zip: AVENTURA,, FL 33180

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: AB PD 01/11/2012

Electronic Signature of Signing Officer or Director Date