

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90028 022 \*\*\*150.00

DOCUMENT # P06000116653

1. Entity Name  
FLORIDA FAMILY HOME HEALTH CARE, INC.



Principal Place of Business  
12905 SW 132 STREET  
3B  
MIAMI, FL 33186

Mailing Address  
12905 SW 132 STREET  
3B  
MIAMI, FL 33186

400300000

2. Principal Place of Business - No P.O. Box #  
13501 SW 136 Street

3. Mailing Address  
13501 SW 136 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

Suite 103

City & State

City & State

Miami, FL

Miami FL

Zip

Country

Zip

Country

33186

US

33186

US

02262008

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-5518871

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASCUNCE, HILDELISA  
17023 SW 149 PL  
MIAMI, FL 33187

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	ASCUNCE, HILDELISA M	
STREET ADDRESS	17023 SW 149 PL	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAEZ, JORGE L	
STREET ADDRESS	17023 SW 149 PL	
CITY-ST-ZIP	MIAMI, FL 33187	
TITLE	S	<input type="checkbox"/> Delete
NAME	PAEZ, IBETTY	
STREET ADDRESS	17023 SW 149 PLACE	
CITY-ST-ZIP	MIAMI, FL 33167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hildelisa M. Ascunce

Date

Daytime Phone #

2/24/08 (36) 293-9729