

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000127927

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** ALLIANCE HOME HEALTH OF BROWARD, INC.

**Current Principal Place of Business:**

5240 S. UNIVERSITY DR., STE 105-E  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

5240 S. UNIVERSITY DR., STE 105-E  
DAVIE, FL 33328

**New Mailing Address:**

**FEI Number:** 86-1175064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FORNS, GEORGE  
9001 SW 10TH TR  
MIAMI, FL 33174 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: PD  
Name: FORNS, GEORGE  
Address: 9001 SW 10TH TR  
City-St-Zip: MIAMI, FL 33174

Title: VPD  
Name: HANST, HILDA  
Address: 5240 S. UNIVERSITY DR., STE 105-E  
City-St-Zip: DAVIE, FL 33328

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: HILDA HANST

VP

03/22/2012

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

\_\_\_\_\_  
Date