

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000131557

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA HOME HEALTH CARE SERVICES, INC.

**Current Principal Place of Business:**

5881 NW 151 ST  
106  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

5881 NW 151 ST  
106  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

**FEI Number:** 20-5727199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, ERIC R  
15900 NW 83 PLACE  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEREZ, ERIC R  
Address: 15900 NW 83 PLACE  
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: VP  
Name: AVILA, JUDITH  
Address: 15900 NW 83 PLACE  
City-St-Zip: MIAMI LAKES, FL 33016 US

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:** ERIC R. PEREZ

PRES

01/13/2010

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

\_\_\_\_\_  
Date