

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000149255

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** PREMIER HOME HEALTH SYSTEMS INC

**Current Principal Place of Business:**

1840 WEST 49 STREET  
SUITE 404  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

1840 WEST 49 STREET  
SUITE 404  
HIALEAH, FL 33012 US

**New Mailing Address:**

**FEI Number:** 20-5994890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CABRERA, EMMA  
1840 WEST 49 STREET  
404  
HIALEAH, FL 33018 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: CABRERA, CARLOS  
Address: 1840 WEST 49 STREET #404  
City-St-Zip: HIALEAH, FL 33012

Title: VPD  
Name: CABRERA, EMMA  
Address: 1840 WEST 49 STREET #404  
City-St-Zip: HIALEAH, FL 33012

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: EMMA CABRERA

VPD

01/27/2011

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

\_\_\_\_\_  
Date