

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000151665**

1. Entity Name  
**NC HOME HEALTH CARE AGENCY INC.**



2007 SEP 17 PH 2:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



09142007 Chg-P CR2E034 (12/06)

4. FEI Number ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CABRERA, NIULDYS**  
**6473 SW 8 STREET**  
**MIAMI, FL 33144**

**7. Name and Address of New Registered Agent**

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**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **P.D**  
STREET ADDRESS **CABRERA, NIULDYS**  
CITY-ST- ZIP **6473 SW 8 STREET**  
**MIAMI, FL 33144**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
**200110250282**  
**10/04/07--01005--011 \*\*150.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST- ZIP

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TITLE ☐ Change ☐ 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

**W. Williams SEP 17 2007**

Date

Daytime Phone #