

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000155527

FILED  
Apr 18, 2012  
Secretary of State

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

**Current Principal Place of Business:**

18425 NW 2ND AVENUE SUITE 307  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

18425 NW 2ND AVENUE SUITE 307  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

**FEI Number:** 20-8074179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMKISSON, SHELDON V  
3121 WEST HALLANDALE BEACH BLVD  
101  
HALLANDALE, FL 33009 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:** P  
**Name:** HERNANDEZ, ALAIN J  
**Address:** 18425 NW 2ND AVENUE SUITE 307  
**City-St-Zip:** MIAMI GARDENS, FL 33169

**Title:** VP  
**Name:** RAMKISSON, SHELDON V  
**Address:** 18425 NW 2ND AVENUE SUITE 307  
**City-St-Zip:** MIAMI GARDENS, FL 33169

**Title:** S  
**Name:** HERNANDEZ, ALAIN J  
**Address:** 18425 NW 2ND AVENUE SUITE 307  
**City-St-Zip:** MIAMI GARDENS, FL 33169

**Title:** T  
**Name:** RAMKISSON, SHELDON V  
**Address:** 18425 NW 2ND AVENUE SUITE 307  
**City-St-Zip:** MIAMI GARDENS, FL 33169

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:** SHELDON RAMKISSON

VP

04/18/2012

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

\_\_\_\_\_  
Date