

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000014108

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** AMERICA HOME HEALTH CARE, INC

**Current Principal Place of Business:**

1651 WEST 37 ST  
SUITE 306 A  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1651 WEST 37 ST  
SUITE 306 A  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 76-0849998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOBATO, GUILLERMO  
851 W 36 ST  
HIALEAH, FL 33012 US

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

LOBATO, GUILLERMO  
11000 NW 58 AVE  
HIALEAH, FL 33012 US

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:** GUILLERMO LOBATO

03/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LOBATO, GUILLERMO  
**Address:** 11000 NW 58 AVE  
**City-St-Zip:** HIALEAH, FL 33012

**Title:** V  
**Name:** CARDONA, MIGUEL  
**Address:** 16123 SW 43 ST  
**City-St-Zip:** MIAMI, FL 33185

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:** GUILLERMO LOBATO

P

03/07/2011

Electronic Signature of Signing Officer or Director

Date