

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000018899

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** PINES HOME HEALTHCARE SOLUTIONS, INC.

**Current Principal Place of Business:**

2880 EVERGREEN WAY  
COOPER CITY, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

2880 EVERGREEN WAY  
COOPER CITY, FL 33026

**New Mailing Address:**

**FEI Number:** 26-0249184

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SERNA, ANDRES  
151 NE 16TH AVE APT 162  
FORT LAUDERDALE, FL 33301 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: SERNA, ANDRES  
Address: 2880 EVERGREEN WAY  
City-St-Zip: COOPER CITY, FL 33026

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: ANDRES SERNA

P

04/26/2011

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

\_\_\_\_\_  
Date