

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000023137

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** NIGHTINGALE HOME HEALTH CARE OF MIAMI INC

**Current Principal Place of Business:**

4471 NW 36TH STREET  
SUITE # 212  
MIAMI SPRINGS, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

4471 NW 36TH STREET  
SUITE # 212  
MIAMI SPRINGS, FL 33166 US

**New Mailing Address:**

**FEI Number:** 20-8486522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUNET, JULIO  
4471 NW 36TH STREET  
SUITE # 212  
MIAMI SPRINGS, FL 33166 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PVTD  
**Name:** BRUNET, JULIO  
**Address:** 4471 NW 36TH STREET # 212  
**City-St-Zip:** MIAMI SPRINGS, FL 33166 US

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:** JULIO BRUNET

PRES

03/11/2010

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

\_\_\_\_\_  
Date