

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023137

**FILED**  
**Apr 29, 2011**  
**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:**

7480 SW 40 TH  
SUITE # 450  
MIAMI, FL 33155 US

**Current Mailing Address:**

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

**New Mailing Address:**

8550 W FLAGLER ST  
SUITE # 115  
MIAMI, FL 33144 US

**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:**

BRUNET, JULIO  
8550 W FLAGLER ST  
SUITE # 115  
MIAMI, FL 33144 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: JULIO BRUNET

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVTD  
Name: BRUNET, JULIO  
Address: 8550 W FLAGLER ST SUITE 115  
City-St-Zip: MIAMI, FL 33144 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

04/29/2011

Electronic Signature of Signing Officer or Director

Date