

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023137

FILED
Apr 30, 2012
Secretary of State

Entity Name: NIGHTINGALE HOME HEALTH CARE OF MIAMI INC

Current Principal Place of Business:

8550 W FLAGLER ST STE 101
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

8550 W FLAGLER ST
SUITE # 101
MIAMI, FL 33144 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
8550 W FLAGLER ST
SUITE # 115
MIAMI, FL 33144 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: D
Name: BRUNET, JULIO
Address: 8550 W FLAGLER ST SUITE 115
City-St-Zip: MIAMI, FL 33144 US

Title: PVTD
Name: J. A. B. MANAGEMENT SERVICES CORP.
Address: 8550 W FLAGLER ST STE 101
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

_____ Electronic Signature of Signing Officer or Director

OFFI

04/30/2012

_____ Date