

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000024986

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** R.B.D. HOME HEALTH CARE SOLUTION, INC.

**Current Principal Place of Business:**

9752 SW 145 PL  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

9752 SW 145 PL  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 20-8520900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REGALON, JULIO A  
9752 SW 145 PL  
MIAMI, FL 33186 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: REGALON, JULIO A  
Address: 9752 SW 145 PL  
City-St-Zip: MIAMI, FL 33186

Title: T  
Name: AMANDI, AMPARO A  
Address: 9752 SW 145 PL  
City-St-Zip: MIAMI, FL 33186

Title: D  
Name: REGALON, DANIUYS  
Address: 9752 SW 145 PL  
City-St-Zip: MIAMI, FL 33186

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 A REGALON

P

03/13/2012

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

\_\_\_\_\_  
Date