

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-28-2008 90324 033 ***150.00

DOCUMENT # P07000036587

1. Entity Name
NINA HOME HEALTH CARE CORPORATION



Principal Place of Business
**4935 SW 111 AVE
MIAMI, FL 33165**

Mailing Address
**4935 SW 111 AVE
MIAMI, FL 33165**

66013121



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

39-2053577

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYES-PEREZ, ANA M
4935 SW 111 AVE
MIAMI, FL 33165**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when re-registering)

DATE

04/22/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	REYES-PEREZ, ANA M	
STREET ADDRESS	4935 SW 111 AVE	
CITY- ST- ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY- ST- ZIP		
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other names empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/08

Date

Daytime Phone #