

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038953

FILED
Feb 17, 2011
Secretary of State

Entity Name: AMERICAN HOME HEALTH PROVIDERS, CORP.

Current Principal Place of Business:

6001 NW 153 STREET
SUITE 155
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6001 NW 153 STREET
SUITE 155
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-8735577 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

URQUIZA, DAILY
6001 NW 153 STREET
STE 155
MIAMI LAKES, FL 33014 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: URQUIZA, DAILY
Address: 6001 NW 153 STREET, SUITE 155
City-St-Zip: MIAMI LAKES, FL 33014

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: DAILY URQUIZA

P

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date