

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041028

FILED
Mar 27, 2012
Secretary of State

Entity Name: NURSING PROLIFE HOME HEALTH CORP.

Current Principal Place of Business:

14331 SW 120 STREET
SUITE # 213
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

14331 SW 120 STREET
SUITE # 213
MIAMI, FL 33186

New Mailing Address:

2450 SW 120ST
SUITE # 201
MIAMI, FL 33175

FEI Number: 20-8767787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, MANUEL
770 PONCE DE LEON BLVD
PENTHOUSE SUITE
CORAL GABLES, FL 33134 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: V
Name: DIAZ, JULIO V
Address: 810 SW 105 AVE #505
City-St-Zip: MIAMI, FL 33174

Title: S
Name: RODRIGUEZ, YUSMARY
Address: 2251 SW 27TH ST APT 7
City-St-Zip: MIAMI, FL 33133

Title: PSD
Name: LOWRY, MARY
Address: 5655 SW 87 LN
City-St-Zip: OCALA, FL 34476

Title: V
Name: QUESADA, ANDRES
Address: 2220 SE 26 LN
City-St-Zip: HOMESTEAD, FL 33035

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: MARY LOWRY

PSD

03/27/2012

Electronic Signature of Signing Officer or Director

Date