

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051000

Entity Name: WELLNESS HOME HEALTH CARE AGENCY, INC

FILED
Apr 30, 2011
Secretary of State

Current Principal Place of Business:

6447 MIAMI LAKES DR. EAST
225F
MIAMI LAKES, FL 33014

New Principal Place of Business:

6447 MIAMI LAKES DR. EAST
225F
MIAMI LAKES, FL 33014

Current Mailing Address:

New Mailing Address:

FEI Number: 30-0417193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RON, YVO N
6447 MIAMI LAKES DR. EAST
225F
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: RON LO, YVO N
Address: 6447 MIAMI LAKES DR E, STE 225F
City-St-Zip: MIAMI LAKES, FL 33014

Title: V
Name: FABELO, OSVALDO
Address: 6447 MIAMI LAKES DR E, STE 225F
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: OSVALDO FABELO

VP

04/30/2011

Electronic Signature of Signing Officer or Director

Date