

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000060752

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** NURSING FOR HOME CARE, INC.

**Current Principal Place of Business:**

3511 S.W. 40TH STREET  
WEST PARK, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

5624 SW 39 STREET  
WEST PARK, FL 33023

**New Mailing Address:**

5620 SW 39 STREET  
WEST PARK, FL 33023

**FEI Number:** 02-0809891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICES OF OFELIA DAMAS-RODRIGUEZ, P.A  
2600 DOUGLAS ROAD  
507  
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:** P,D  
**Name:** FERRER, OMAR G  
**Address:** 3511 S.W. 40TH STREET  
**City-St-Zip:** HOLLYWOOD, FL 33023

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:** OMAR G. FERRER

P,D

04/29/2012

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

\_\_\_\_\_  
Date