

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000072562

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** DADE-KENDALL HOME HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

7324 SW 48TH STREET  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7324 SW 48TH STREET  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 26-0602441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CALZADILLA, ELDA  
7324 SW 48ST.  
MIAMI, FL 33155 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: PS  
Name: IZQUIERDO, FRANCIS  
Address: P.O. BOX 490368  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: VP,T  
Name: CALZADILLA, ELDA  
Address: P.O. BOX 490368  
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: ELDA CALZADILLA

DR

04/19/2011

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

\_\_\_\_\_  
Date