

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075831

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** CENTRUM HOME HEALTH CARE INC.

**Current Principal Place of Business:**

711 NW 23RD AVE., SUITE 205  
MIAMI, FL 33125

**New Principal Place of Business:**

711 NW 23RD AVE.  
SUITE 205  
MIAMI, FL 33125

**Current Mailing Address:**

711 NW 23RD AVE., SUITE 205  
MIAMI, FL 33125

**New Mailing Address:**

711 NW 23RD AVE.  
SUITE 205  
MIAMI, FL 33125

**FEI Number:** 75-3246648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COLLAZO, EMILIO F  
756 NW 134TH PL.  
MIAMI, FL 33125 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: PD  
Name: COLLAZO, EMILIO F  
Address: 756 NW 134TH PL.  
City-St-Zip: MIAMI, FL 33182

Title: VD  
Name: LEGRA, BARBARA Y  
Address: 1568 SW 154TH CT.  
City-St-Zip: MIAMI, FL 33194

Title: D  
Name: MENENDEZ, EFREN R  
Address: 1568 SW 154TH CT.  
City-St-Zip: MIAMI, FL 33194

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: EMILIO F. COLLAZO

PRES

04/20/2011

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

\_\_\_\_\_ Date