

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079050

FILED  
Jan 09, 2012  
Secretary of State

**Entity Name:** A&Y HOME HEALTH OF TAMPA CORP

**Current Principal Place of Business:**

1936 W MARTIN LUTHER KING BLVD  
SUITE # 102  
TAMPA, FL 33607

**New Principal Place of Business:**

5101 N. HABANA AVE.  
SUITE: B  
TAMPA, FL 33614

**Current Mailing Address:**

1936 W MARTIN LUTHER KING BLVD  
SUITE # 102  
TAMPA, FL 33607

**New Mailing Address:**

5101 N. HABANA AVE.  
SUITE: B  
TAMPA, FL 33614

**FEI Number:** 26-0780493

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, ADRIAN SR.  
3323 W ABDELLA ST  
TAMPA, FL 33607 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: RIVERA, ADRIAN SR.  
Address: 3323 W. ABDELLA ST.  
City-St-Zip: TAMPA, FL 33607

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: ADRIAN RIVERA

P

01/09/2012

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

\_\_\_\_\_  
Date