

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081272

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** EXPERTS HOME HEALTH OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

15800 PINES BOULEVARD, STE 207  
STE 207  
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

17665 SW 20TH STREET  
MIRAMAR, FL 33029 52

**New Mailing Address:**

**FEI Number:** 33-1172567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REMY, EUGENE  
1800 N.E. 154TH TERRACE  
NORTH MIAMI BEACH, FL 33162 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: VP  
Name: JEANTY, REMY  
Address: 17665 SW 20TH ST.  
City-St-Zip: MIRAMAR, FL 33029

Title: P  
Name: JOSEPH, RUTH  
Address: 17665 SW 20TH ST.  
City-St-Zip: MIRAMAR, FL 33029

Title: MGR  
Name: REMY, JEANTY  
Address: 17665 S.W. 20TH ST.  
City-St-Zip: MIRAMAR, FL 33029

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: JEANTY REMY

V

01/10/2012

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

\_\_\_\_\_  
Date