

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000106833

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** LONGEVITY HOME HEALTH CARE, INC

**Current Principal Place of Business:**

13384 S.W. 128TH ST.  
SUITE B  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13384 S.W. 128TH ST.  
SUITE B  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 45-0573948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ MOLLINEDA, PEDRO  
23570 SW 113 PASSAGE  
HOMESTEAD, FL 33032 US

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

GONZALEZ MOLLINEDA, PEDRO  
25146 SW 124 AVE  
HOMESTEAD, FL 33032 US

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

03/14/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MOLLINEDA, PEDRO G  
Address: 13384 S.W. 128TH ST. SUITE B  
City-St-Zip: MIAMI, FL 33186

Title: DVP  
Name: RODRIGUEZ VALERO, VALENTIN B  
Address: 13384 S.W. 128TH ST. SUITE B  
City-St-Zip: MIAMI, FL 33186

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: PEDRO GONZALEZ MOLLINEDA

DP

03/14/2012

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

\_\_\_\_\_  
Date