

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90019 031 \*\*\*150.00

**DOCUMENT # P07000117752**

1. Entity Name  
**RILLAGO HOME HEALTH SERVICES, INC.**



Principal Place of Business  
**11389 S.W. 65TH STREET  
MIAMI, FL 33173**

Mailing Address  
**11389 S.W. 65TH STREET  
MIAMI, FL 33173**

**40015694**



01042008 Chg-P CR2E034 (12/06)

4. FEI Number  
**26-1324168**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**DE JESUS RIVAS, JUAN  
11389 S.W. 65TH STREET  
MIAMI, FL 33173**

## 7. Name and Address of New Registered Agent

Name **MIRIAM MATAREDONA**

Street Address (P.O. Box Number is Not Acceptable)

**11389 SW 65th Street**

City **MIAMI**

FL

Zip Code **33173**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-07-08**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **DE JESUS RIVAS, JUAN**  
STREET ADDRESS **11389 S.W. 65TH STREET**  
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **Director** ☐ Change ☒ Addition  
NAME **MIRIAM MATAREDONA**  
STREET ADDRESS **11389 S.W. 65th Street**  
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-07-08**

Daytime Phone #