

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000118682

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** COLONIAL HOME HEALTH, INC.

**Current Principal Place of Business:**

8500 SW 8 STREET  
250  
MIAMI, FL 33144 US

**New Principal Place of Business:**

**Current Mailing Address:**

8500 SW 8 STREET  
250  
MIAMI, FL 33144 US

**New Mailing Address:**

**FEI Number:** 26-1330589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MIRANDA, NUIRKA  
8500 SW 8 STREET  
250  
MIAMI, FL 33144 US

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

LAUREL, BEATRIZ  
8500 SW 8 STREET  
250  
MIAMI, FL 33144 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: BEATRIZ LAUREL

01/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: LAUREL, BEATRIZ  
Address: 8500 SW 8 STREET SUITE 250  
City-St-Zip: MIAMI, FL 33144 US

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: BEATRIZ LAUREL

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01/27/2012

Electronic Signature of Signing Officer or Director

Date