

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000122813

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** QUALITY HOME HEALTH SERVICES, INC

**Current Principal Place of Business:**

901 SOUTH STATE RD.7  
200  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

901 SOUTH STATE RD.7  
200  
HOLLYWOOD, FL 33023

**New Mailing Address:**

**FEI Number:** 83-0499013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UTRERA, MARTHA A  
901 SOUTH STATE RD.7  
200  
HOLLYWOOD, FL 33023 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: UTRERA, MARTHA A  
Address: 901 SOUTH STATE RD.7 STE. 200  
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP.  
Name: GONZALEZ, ARIEL  
Address: 901 SOUTH STATE RD.7 STE. 200  
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP.  
Name: GONZALEZ, AYLEN  
Address: 901 SOUTH STATE RD.7 STE. 200  
City-St-Zip: HOLLYWOOD, FL 33023

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: MARTHA A UTRERA

P

04/20/2012

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

\_\_\_\_\_  
Date