

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000128105

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** OCHA HOME HEALTH SERVICES, CORP

**Current Principal Place of Business:**

957-B S.W. 87 AVE  
MIAMI, FL 33174 US

**New Principal Place of Business:**

5545 SW 8TH ST. SUITE 107  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

957-B S.W. 87 AVE  
MIAMI, FL 33174 US

**New Mailing Address:**

5545 SW 8TH ST. SUITE 107  
CORAL GABLES, FL 33134 US

**FEI Number:** 26-1648721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAEZ, VANESSA M  
957-B S.W. 87 AVE  
MIAMI, FL 33174 US

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

BAEZ, VANESSA M  
5545 SW 8TH ST. SUITE107  
CORAL GABLES, FL 33134 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: ANTHONY MARTIN

03/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BAEZ, VANESSA M  
Address: 12480 SW 207 TERR  
City-St-Zip: MIAMI, FL 33177 US

Title: VP  
Name: MARTIN, ANTHONY  
Address: 5545 SW 8TH ST. SUITE 107  
City-St-Zip: CORAL GABLES, FL 33134 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: ANTHONY MARTIN

VP

03/17/2011

Electronic Signature of Signing Officer or Director

Date