

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000000270

Entity Name: R & Y HOME HEALTH CARE, INC

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1840 W 49 ST, SUITE 714  
HIALEAH, FL 33012 US

## **New Principal Place of Business:**

## **Current Mailing Address:**

1840 W 49 ST, SUITE 714  
HIALEAH, FL 33012 US

## **New Mailing Address:**

FEI Number: 26-1691045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

IGLESIAS, RACSON  
16468 SW 99 LN  
MIAMI, FL 33196 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: IGLESIAS, RACSON  
Address: 16468 SW 99 LN  
City-St-Zip: MIAMI, FL 33196 US

Title: OFF  
Name: GONZALEZ, NORA  
Address: 11009 W. OCKECHOBEE RD STE202  
City-St-Zip: HIALEAH, FL 33018

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: RACSON IGLESIAS

P

01/04/2010

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

\_\_\_\_\_  
Date