

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000008548

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** PASSION CARE HOME HEALTH AGENCY, INC.

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

1000 PONCE DE LEON BLVD  
SUITE 312  
MIAMI, FL 33134

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

1000 PONCE DE LEON BLVD  
SUITE 116  
MIAMI, FL 33134

## **Current Mailing Address:**

1000 PONCE DE LEON BLVD  
SUITE 312  
MIAMI, FL 33134

## **New Mailing Address:**

1000 PONCE DE LEON BLVD  
SUITE 116  
MIAMI, FL 33134

**FEI Number:** 26-1822794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORELL, MAYPU  
1000 PONCE DE LEON BLVD  
SUITE 312  
CORAL GABLES, FL 33134 US

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

MORELL, MAYPU  
1000 PONCE DE LEON BLVD  
SUITE 116  
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: MAYPU MORELL

04/27/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FUENTES, GUISELL  
Address: 1000 PONCE DE LEON BLVD. SUITE 116  
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR  
Name: MORELL, MAYPU D  
Address: 1000 PONCE DE LEON BLVD. SUITE 116  
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR  
Name: DE LOS RIOS, YARINA  
Address: 1000 PONCE DE LEON BLVD. SUITE 116  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: RIVERO, PEDRO R VP  
Address: 1000 PONCE DE LEON BLVD. SUITE 116  
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR  
Name: CRUZ, OSMANI RN  
Address: 1000 PONCE DE LEON BLVD. SUITE 116  
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR  
Name: HALPHEN, ANA RN  
Address: 1000 PONCE DE LEON BLVD. SUITE 116  
City-St-Zip: CORAL GABLES, FL 33134

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: MAYPU MORELL

DIR

04/27/2010

Electronic Signature of Signing Officer or Director

Date