

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000008548

FILED
Jun 10, 2011
Secretary of State

Entity Name: PASSION CARE HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

1000 PONCE DE LEON BLVD
SUITE 116
MIAMI, FL 33134

New Principal Place of Business:

1000 PONCE DE LEON BLVD
SUITE 312
MIAMI, FL 33134

Current Mailing Address:

1000 PONCE DE LEON BLVD
SUITE 116
MIAMI, FL 33134

New Mailing Address:

1000 PONCE DE LEON BLVD
SUITE 312
MIAMI, FL 33134

FEI Number: 26-1822794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORELL, MAYPU
1000 PONCE DE LEON BLVD
SUITE 116
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FUENTES, GUISELL
1000 PONCE DE LEON BLVD
SUITE 312
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: GUISELL FUENTES

06/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: FUENTES, GUISELL
Address: 1000 PONCE DE LEON BLVD. SUITE 312
City-St-Zip: CORAL GABLES, FL 33134

Title: DIR
Name: MORELL, MAYPU D
Address: 1000 PONCE DE LEON BLVD. SUITE 312
City-St-Zip: CORAL GABLES, FL 33134

Title: VP
Name: DE LOS RIOS, YARINA
Address: 1000 PONCE DE LEON BLVD. SUITE 312
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: GUISELL FUENTES

PRE

06/10/2011

Electronic Signature of Signing Officer or Director

Date