2011 FOR PROFIT CORPORATION ANNUAL REPORT

Electronic Signature of Registered Agent

DOCUMENT# P08000011666

Entity Name: SUNNY LAKES HOME HEALTH CARE, INC.

FILED Feb 23, 2011 Secretary of State

Date

Current Principal Place of Business:		New Principal Place of Business:		
6175 NW 153 STREET 224 MIAMI LAKES, FL 33014		6175 NW 153RD STREET 224 MIAMI LAKES, FL 33014		
Current Mailing Address:		New Mailing Address:		
6175 NW 153 STREET 224 MIAMI LAKES, FL 33014 FEI Number: 26-2123034	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
PRATS, LISSETTE 6175 NW 153 STREET 224 MIAMI LAKES, FL 33014	US			
The above named entity submits this statement for the nurnose of changing its registered office or registered agent, or both				

OFFICERS AND DIRECTORS:

in the State of Florida.

Title:

SIGNATURE:

 Name:
 PRATS, LISSETTE

 Address:
 6823 LOCHNESS DRIVE

 City-St-Zip:
 MIAMI LAKES, FL 33014

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: LISSETTE PRATS PRES 02/23/2011