

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000030192

FILED
Apr 04, 2011
Secretary of State

Entity Name: MIAMI LAKES HOME HEALTH CARE, INC.

Current Principal Place of Business:

6179 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6179 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 26-2258527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLER, ORESTES E SR
1770 WEST 84 STREET
HIALEAH, FL 33014 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

OFFICERS AND DIRECTORS:

Title: P
Name: SOLER, ANNETTE
Address: 1770 WEST 84 STREET
City-St-Zip: HIALEAH, FL 33014

Title: T
Name: SOLER, ANNETTE
Address: 1770 WEST 84 STREET
City-St-Zip: HIALEAH, FL 33014

Title: S
Name: SOLER, ANNETTE
Address: 1770 WEST 84 STREET
City-St-Zip: HIALEAH, 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: ANNETTE SOLER

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date