## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036220

Entity Name: PORTELA'S HOME HEALTH CARE, INC

FILED Apr 07, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

424 EAST 63RD STREET 8949 NW 173RD TERRACE HIALEAH, FL 33013

HIALEAH, FL 33018

**Current Mailing Address: New Mailing Address:** 

8949 NW 173RD TERRACE 424 EAST 63RD STREET

HIALEAH, FL 33013 HIALEAH, FL 33018

FEI Number: 35-2346935 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

PORTELA, MARIA B PORTELA, MARIA B 424 EAST 63RD STREET 8949 NW 173RD STREET HIALEAH, FL 33013 HIALEAH, FL 33018

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: MARIA B PORTELA 04/07/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete Title: (X) Change ( ) Addition

PORTELA, MARIA B Name: Name: PORTELA, MARIA B 424 EAST 63RD STREET 8949 NW 173RD STREET Address: Address: City-St-Zip: HIALEAH, FL 33013 City-St-Zip: HIALEAH, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA B PORTELA **PVD** 04/07/2009