

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000054267

FILED  
Jan 12, 2010  
Secretary of State

**Entity Name:** SPIRIT HOME HEALTH CARE CORP

**Current Principal Place of Business:**

175 FOUNTAINEBLEAU BLVD  
STE 2-K7  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

175 FOUNTAINEBLEAU BLVD  
STE 2-K7  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 26-2738957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERNAL PEREZ, FRANCISCO J  
3561 SW 117 AVE  
7-306  
MIAMI, FL 33175 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BERNAL PEREZ, FRANCISCO J  
**Address:** 3561 SW 117TH AVE. APT. 306  
**City-St-Zip:** MIAMI, FL 33175

**Title:** VP  
**Name:** FERRER, OMAR  
**Address:** 3511 SW 40TH ST.  
**City-St-Zip:** WEST PARK, FL 33023

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:** FRANCISCO J. BERNAL PEREZ

P

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date