

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000056063

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** FAMILY QUALITY HOME HEALTH CARE INC.

**Current Principal Place of Business:**

275 FONTAINBLEAU BLVD SUITE 250  
MIAMI, FL 33172

**New Principal Place of Business:**

275 FONTAINBLEAU BLVD  
SUITE 250  
MIAMI, FL 33172

**Current Mailing Address:**

275 FONTAINBLEAU BLVD SUITE 250  
MIAMI, FL 33172

**New Mailing Address:**

275 FONTAINBLEAU BLVD  
SUITE 250  
MIAMI, FL 33172

**FEI Number:** 26-2885940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARRONTE, GISELLE  
275 FONTAINBLEAU BLVD SUITE 250  
MIAMI, FL 33172 US

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

ROCA, ROBERTO M  
275 FONTAINBLEAU BLVD  
SUITE 250  
MIAMI, FL 33172 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: ROBERTO M ROCA

01/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROCA, ROBERTO M  
Address: 275 FONTAINBLEAU BLVD SUITE 250  
City-St-Zip: MIAMI, FL 33172

Title: VP  
Name: ARRONTE, GISELLE  
Address: 275 FONTAINBLEAU BLVD SUITE 250  
City-St-Zip: MIAMI, FL 33172

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: ROBERTO M ROCA

P

01/24/2011

Electronic Signature of Signing Officer or Director

Date