# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2012**
**Secretary of State**

DOCUMENT# P08000056063

**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:**

**Current Mailing Address:**

275 FONTAINBLEAU BLVD
SUITE 250
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number: 26-2885940** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ROCA, ROBERTO M
275 FONTAINBLEAU BLVD
SUITE 250
MIAMI, FL 33172 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: ROCA, ROBERTO M
Address: 275 FONTAINEBLEAU 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 ROCA PD 04/30/2012

Electronic Signature of Signing Officer or Director — Date