2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2012
Secretary of State

DOCUMENT# P08000057398

Entity Name: PROFESSIONAL CARE HOME HEALTH AGENCY, INC.

Current Principal Place of Business:

1452 NORTH KROME AVE
102E
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

1452 NORTH KROME AVE
102E
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 26-2786628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOCARRAS, NANCY B
1452 NORTH KROME AVE
102E
FLORIDA CITY, FL 33034 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: VP
Name: VEGA, IDELISA M
Address: 1452 NORTH KROME AVE STE. 102E
City-St-Zip: FLORIDA CITY, FL 33034

Title: PD
Name: SOCARRAS, NANCY B
Address: 1452 NORTH KROME AVE STE. 102E
City-St-Zip: FLORIDA CITY, FL 33034

Title: VST
Name: OGRA, OMAR E
Address: 1452 NORTH KROME AVE STE. 102E
City-St-Zip: FLORIDA CITY, FL 33034

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: NANCY B SOCARRAS P 01/11/2012

Electronic Signature of Signing Officer or Director Date