

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067554

FILED
Jan 12, 2012
Secretary of State

Entity Name: ALL SERVICES HOME HEALTH AGENCY INC.

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE
SUITE 849
MIAMI, FL 33126

New Principal Place of Business:

5201 BLUE LAGOON DRIVE
SUITE 978
MIAMI, FL 33126

Current Mailing Address:

5201 BLUE LAGOON DRIVE
SUITE 849
MIAMI, FL 33126

New Mailing Address:

5201 BLUE LAGOON DRIVE
SUITE 978
MIAMI, FL 33126

FEI Number: 32-0256506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI MATTEO, ANTONIO
5201 BLUE LAGOON DRIVE
SUITE 849
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

DI MATTEO, ANTONIO
5201 BLUE LAGOON DRIVE
SUITE 978
MIAMI, FL 33126 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:

01/12/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: DI MATTEO, ANTONIO
Address: 5201 BLUE LAGOON DRIVE SUITE 978
City-St-Zip: MIAMI, FL 33126

Title: VTD
Name: VELEZ, NATALIA
Address: 5201 BLUE LAGOON DR, SUITE 978
City-St-Zip: MIAMI, FL 33126

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: NATALIA VELEZ

VTD

01/12/2012

Electronic Signature of Signing Officer or Director

Date