

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000071276

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** ADVANCE CARE HOME HEALTH AGENCY, INC.

**Current Principal Place of Business:**

441 DEL PRADO BLVD NORTH  
STE 2  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

441 DEL PRADO BLVD NORTH  
STE 2  
CAPE CORAL, FL 33909

**New Mailing Address:**

**FEI Number:** 26-3070996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, ANIA T  
441 DEL PRADO BLVD NORTH  
STE 2  
CAPE CORAL, FL 33909 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: RODRIGUEZ, ANIA T  
Address: 442 NE VAN LOON LN  
City-St-Zip: CAPE CORAL, FL 33909 US

Title: VP  
Name: PLASENCIA, EUSEBIO  
Address: 8643 PEGASUS DR  
City-St-Zip: LEHIGH ACRES, FL 33971 US

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: ANIA T. RODRIGUEZ

P

03/10/2011

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

\_\_\_\_\_  
Date