2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2012
Secretary of State

DOCUMENT# P08000081331

Entity Name: FAMILY TRUST HOME HEALTH CARE INC

Current Principal Place of Business:

8600 NW 53 TERR, SUITE 105
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8600 NW 53 TERR, SUITE 105
MIAMI, FL 33166

New Mailing Address:

FEI Number: 80-0253986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GONZALEZ, MARIA YVETTE
8600 NW 53 TERR, SUITE 103
MIAMI, FL 33166 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: GONZALEZ, MARIA YVETTE
Address: 8600 NW 53 TERR, SUITE 103
City-St-Zip: MIAMI, FL 33166

Title: V
Name: PENA, JOSE L
Address: 8600 NW 53 TERR, SUITE 103
City-St-Zip: MIAMI, FL 33166

Title: V
Name: MON, MILAGROS D
Address: 8600 NW 53 TERR, SUITE 103
City-St-Zip: MIAMI, FL 33166

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: MARIA YVETTE GONZALEZ PRES 02/22/2012

Electronic Signature of Signing Officer or Director Date