

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082746

FILED  
Jul 10, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA HOME CARE, INC.

## Current Principal Place of Business:

4546 W JEAN ST  
TAMPA, FL 33614

## New Principal Place of Business:

16537 SW 81 TERRACE  
MIAMI, FL 33193

## Current Mailing Address:

4546 W JEAN ST  
TAMPA, FL 33614

## New Mailing Address:

16537 SW 81 TERRACE  
MIAMI, FL 33193

FEI Number: 26-3333202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, IHOSVANY  
4546 W JEAN ST  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

ALVAREZ, IHOSVANY  
16537 SW 81 TERRACE  
MIAMI, FL 33193 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: IHOSVANY ALVAREZ

07/10/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALVAREZ, IHOSVANY  
Address: 4546 W JEAN ST  
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete  
Name: RODRIGUEZ, LUIS  
Address: 4546 W JEAN ST  
City-St-Zip: TAMPA, FL 33614

Title: S (X) Delete  
Name: PEREZ, DAINERYS  
Address: 4546 W JEAN ST  
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete  
Name: NODARSE, NORYS  
Address: 4546 W JEAN ST  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ALVAREZ, IHOSVANY  
Address: 16537 SW 81 TERRACE  
City-St-Zip: MIAMI, FL 33193

Title: VP (X) Change ( ) Addition  
Name: GONZALEZ NODARSE, YOANA  
Address: 16537 SW 81 TERRACE  
City-St-Zip: MIAMI, FL 33193

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: NODARSE, NORYS  
Address: 16537 SW 81 TERRACE  
City-St-Zip: MIAMI, FL 33193

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IHOSVANY ALVAREZ

PD

07/10/2009

Electronic Signature of Signing Officer or Director

Date