

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000025286

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** ADVANCED HOME HEALTH OF TAMPA, INC.

**Current Principal Place of Business:**

205 W DR. MARTIN LUTHER KING BLVD JR.  
SUITE 204  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

205 W DR. MARTIN LUTHER KING BLVD JR.  
SUITE 204  
TAMPA, FL 33603

**New Mailing Address:**

**FEI Number:** 80-0371486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRUZ, YANET  
205 W DR. MARTIN LUTHER KING BLVD JR.  
SUITE 204  
TAMPA, FL 33603 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: CRUZ, YANET  
Address: 205 W DR. MARTIN LUTHER KING BLVD JR.  
City-St-Zip: TAMPA, FL 33603

Title: VP  
Name: LAZO, SHERIOCHA  
Address: 205 W DR. MARTIN LUTHER KING BLVD JR.  
City-St-Zip: TAMPA, FL 33603

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: YANET CRUZ

PRES

01/11/2011

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

\_\_\_\_\_  
Date