

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000035897

FILED  
Apr 02, 2012  
Secretary of State

**Entity Name:** LIVING WELL HOME HEALTH CARE INC.

**Current Principal Place of Business:**

9600 NW 25TH ST  
SUITE 5A  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

9600 NW 25TH ST  
SUITE 5A  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 30-0551030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERNANDEZ, ARELIS  
2212 SEGOVIA CIRCLE  
CORAL GABLES, FL 33134 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: PD  
Name: FERNANDEZ, ARELIS  
Address: 2212 SEGOVIA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

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: ARELIS FERNANDEZ

PD

04/02/2012

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

\_\_\_\_\_  
Date