

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000036654

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIS HOME CARE GROUP, INC.

**Current Principal Place of Business:**

1490 W 49 PL  
365  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1490 W 49 PL  
365  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 24-4733442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALADRIGAS, JULIO A  
860 SE 9 AVE  
HIALEAH, FL 33010 US

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

SALADRIGAS, JULIO A  
1490 WEST 49 PLACE  
SUITE 365  
HIALEAH, FL 33012 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:** JULIO A SALADRIGAS

03/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SALADRIGAS, JULIO A  
**Address:** 860 SE 9 AVE  
**City-St-Zip:** HIALEAH, FL 33010

**Title:** VPD  
**Name:** ROBEIRO, MEYLIN  
**Address:** 1490 WEST 49 PLACE  
**City-St-Zip:** HIALEAH, FL 33012

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:** JULIO A SALADRIGAS

PD

03/16/2011

Electronic Signature of Signing Officer or Director

Date