

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000045155

FILED  
Aug 23, 2010  
Secretary of State

**Entity Name:** HOME HEALTH CARE UNLIMITED, INC.

**Current Principal Place of Business:**

6930 NW 186 STREET  
APT 314  
HIALEAH, FL 33015 US

**New Principal Place of Business:**

**Current Mailing Address:**

6930 NW 186 STREET  
APT 314  
HIALEAH, FL 33015 US

**New Mailing Address:**

**FEI Number:** 27-0287598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOLLEY, SHAWN W CPA  
97665 OVERSEAS HIGHWAY  
KEY LARGO, FL 33037 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: D,P  
Name: ESTEVEZ, MARIO  
Address: 6930 NW 186 STREET, APT 314  
City-St-Zip: HIALEAH, FL 33015

Title: VP  
Name: VALDES, CARIDAD  
Address: 6930 NW 186 STREET, APT 314  
City-St-Zip: HIALEAH, FL 33015

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: CARIDAD VALDES

VP

08/23/2010

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

\_\_\_\_\_  
Date