

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000058219

Entity Name: NATY HOME HEALTH CORP

**FILED**  
**Feb 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5402 SW 127 PLACE  
MIAMI, FL 33175

**New Principal Place of Business:**

9745 SW 72 ST  
SUITE 150  
MIAMI, FL 33173

**Current Mailing Address:**

5402 SW 127 PLACE  
MIAMI, FL 33175

**New Mailing Address:**

9745 SW 72 ST  
SUITE 150  
MIAMI, FL 33173

FEI Number: 27-0513529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOJENA, ALFREDO  
5402 SW 127 PLACE  
MIAMI, FL 33175 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: MOJENA, ALFREDO M  
Address: 5402 SW 127 PLACE  
City-St-Zip: MIAMI, FL 33175

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: ALFREDO MOJENA

SR

02/04/2012

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

\_\_\_\_\_  
Date