

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000009842

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** TOTAL PRIVATE HOME HEALTH INC

**Current Principal Place of Business:**

3109 W HALLANDALE BCH BLVD. SUITE 102  
PEMBROKE PINES, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

3109 W HALLANDALE BCH BLVD. SUITE 102  
PEMBROKE PINES, FL 33009

**New Mailing Address:**

**FEI Number:** 27-1810624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EGORT, MARC  
3595 SHERIDAN STREET  
210  
HOLLYWOOD, FL 33021 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:** HERNANDEZ, ALAIN  
**Address:** 3127 W. HALLANDALE BEACH BLVD., STE 107  
**City-St-Zip:** PEMBROKE PINES, FL 33009

**Title:** VP  
**Name:** RAMKISSON, SHELDON  
**Address:** 3127 W. HALLANDALE BEACH BLVD., STE 107  
**City-St-Zip:** PEMBROKE PINES, FL 33009

**Title:** T  
**Name:** LOSTUMBO, STEVE  
**Address:** 3127 W. HALLANDALE BEACH BLVD., STE 107  
**City-St-Zip:** PEMBROKE PINES, FL 33009

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:** SHELDON RAMKISSON

VP

04/18/2012

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

\_\_\_\_\_  
Date