

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000077416

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** ELITE CARE AT HOME OF BROWARD, INC.

**Current Principal Place of Business:**

12505 ORANGE DRIVE  
SUITE 904  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

12505 ORANGE DRIVE  
SUITE 904  
DAVIE, FL 33330

**New Mailing Address:**

**FEI Number:** 27-3598372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JASINTO, JUDITH C  
6447 MIAMI LAKES DRIVE EAST  
SUITE 210M  
MIAMI LAKES, FL 33014 US

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

JASINTO, JUDITH C  
6447 MIAMI LAKES DRIVE EAST  
SUITE 101A  
MIAMI LAKES, FL 33014 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: JUDITH C JASINTO

02/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VALDIVIESO, DANTE C JR.  
Address: 12505 ORANGE DRIVE, SUITE 904  
City-St-Zip: DAVIE, FL 33330 US

Title: VP  
Name: UMANA-ALVAREZ, XIOMARA  
Address: 12505 ORANGE DRIVE, SUITE 904  
City-St-Zip: DAVIE, FL 33330

Title: TRES  
Name: JASINTO, JUDITH C  
Address: 12505 ORANGE DRIVE, SUITE 904  
City-St-Zip: DAVIE, FL 33330

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: JUDITH C JASINTO

TRES

02/03/2012

Electronic Signature of Signing Officer or Director

Date