

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000084436

Entity Name: VIVA HOME HEALTH CARE,INC

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1213 WEST HILLSBOROUGH AVE  
SUITE B  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

12402 MEMORIAL HWY  
TAMPA, FL 33635

**New Mailing Address:**

FEI Number: 35-2391447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, JAYANT  
12402 MEMORIAL HWY  
TAMPA, FL 33635 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: PATEL, JAYANT  
Address: 12402 MEMORIAL HWY  
City-St-Zip: TAMPA, FL 33635

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: JAYANT PATEL

P

01/06/2011

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

\_\_\_\_\_  
Date