

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000101027

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** JIMENEZ HOME HEALTH CARE, CORP

**Current Principal Place of Business:**

2530 SW 87 AVE  
MIAMI, FL 33165

**New Principal Place of Business:**

2530 SW 87 AVE  
SUITE I  
MIAMI, FL 33165

**Current Mailing Address:**

2530 SW 87 AVE  
MIAMI, FL 33165

**New Mailing Address:**

2530 SW 87 AVE  
SUITE I  
MIAMI, FL 33165

**FEI Number:** 20-4108172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORALES, ILIANA  
7160 SW 13 TERR  
MIAMI, FL 33144 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: JIMENEZ, RAFAEL  
Address: 7160 SW 13 TERR  
City-St-Zip: MIAMI, FL 33144

Title: V  
Name: MORALES, ILIANA  
Address: 7160 SW 13 TERR  
City-St-Zip: MIAMI, FL 33144

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: RAFAEL JIMENEZ

P

02/08/2011

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

\_\_\_\_\_  
Date