2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000104046

Entity Name: OAK LEAF HOME HEALTH AGENCY, INC

FILED May 01, 2012 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
3590 SOUTH STATE ROAD 7				
4 MIRAMAF	R, FL 33023			
Current Mailing Address:			New Mailing Address:	
	JTH STATE ROA	AD 7		
4 MIRAMAF	R, FL 33023			
FEI Numbe	er: 27-4673100	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
8935 SW	-DUNCAN, MAR 163 TERRACE TO BAY, FL 331			
	e named entity s te of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATU	JRE:			
	Electroni	c Signature of Registered Ago	ent	Date
OFFICER	RS AND DIRECT	ORS:		
Title: Name: Address:	P NOEL, IAN 9800 LA CIENEO	GA BLVD SUITE 400		

City-St-Zip: INGLEWOOD, CA 90301

Title:

Name: LEWIS, LA VERNE Address: 8033 NW 114 PATH DORAL, FL 33178 City-St-Zip:

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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IAN NOEL Ρ 05/01/2012