2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2012
Secretary of State

DOCUMENT# P11000019528

Entity Name: FRANCHISE HOME HEALTH CARE, INC

Current Principal Place of Business:

1261 NE 130 STREET
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

1261 NE 130 STREET
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 27-5251575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUMONT, YVROSE
1261 NE 130 STREET
NORTH MIAMI, FL 33161 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: DUMONT, YVROSE
Address: 1261 NE 130 STREET
City-St-Zip: NORTHMIAMI, FL 33161

Title: VP
Name: OLMANDE, CHERLY
Address: 1261 NE 130 STREET
City-St-Zip: NORTH MIAMI, FL 33161

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: YVROSE DUMONT P 03/04/2012

Electronic Signature of Signing Officer or Director Date