

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000007688

1. Entity Name  
HEALTH MED HOME CARE, INC.



Principal Place of Business  
2760 SW 97 AVENUE  
STE 101  
MIAMI, FL 33165 US

Mailing Address  
2760 SW 97 AVENUE  
STE 101  
MIAMI, FL 33165 US

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0446036

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, RAMON  
2760 SW 97 AVENUE #101  
MIAMI, FL 33165

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000537262  
05/09/06-80011-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
RODRIGUEZ, MARIA A  
PO BOX 836480  
MIAMI, FL 332836480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSTD  
RODRIGUEZ, RAMON  
PO BOX 836480  
MIAMI, FL 332836480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Maria A. Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MARIA A. RODRIGUEZ, PRESIDENT* 04/24/06 (305) 207-7383

Date

Daytime Phone #