

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90036 015 ***150.00

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

40063230



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0446036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARIA A	
STREET ADDRESS	PO BOX 836480	
CITY-ST-ZIP	MIAMI, FL 332836480	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, J RAMON	
STREET ADDRESS	PO BOX 836480	
CITY-ST-ZIP	MIAMI, FL 332836480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. RAMON RODRIGUEZ

Date

Daytime Phone #

04/07/08

(305) 207-7383