

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90200 049 ***150.00

DOCUMENT # P95000009397

1. Entity Name

SUNSET HARBOR HOME HEALTH, INC.



Principal Place of Business

7200 CORPORATE CENTER DR
SUITE 600
MIAMI FL 33126
US

Mailing Address

7200 CORPORATE CENTER DR
SUITE 600
MIAMI FL 33126
US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0583910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PFENNIGER, RICHARD C JR
STREET ADDRESS 80 S.W. 8TH STREET, SUITE 2350
CITY-ST-ZIP MIAMI FL 33130

TITLE T ☐ Delete
NAME FERNANDEZ, FERNANDO
STREET ADDRESS 7200 CORPORATE CENTER DR
CITY-ST-ZIP MIAMI FL 33126

TITLE V ☐ Delete
NAME IZQUIRDO, LUIS H
STREET ADDRESS 80 SW 8TH STREET, SUITE 2350
CITY-ST-ZIP MIAMI FL 33130

TITLE V ☐ Delete
NAME ROSELLO, GEMMA
STREET ADDRESS 7200 CORPORATE CENTER DR
CITY-ST-ZIP MIAMI FL 33126

TITLE V ☐ Delete
NAME LOPEZ, HOLLY
STREET ADDRESS 7200 CORPORATE CENTER DR
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ Delete
NAME FROST, PHILLIP M.D.
STREET ADDRESS 80 SW 8TH STREET, SUITE 2350
CITY-ST-ZIP MIAMI FL 33130

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7200 Corporate Ctr Dr
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME Izquierdo, Luis
STREET ADDRESS 7200 Corporate Ctr Dr
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7200 Corporate Ctr Dr.
CITY-ST-ZIP Miami, FL 33126

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #