

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000016143

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** CARING HEART HOME HEALTH CORPORATION

**Current Principal Place of Business:**

7173 W OAKLAND PARK BLVD  
LAUDERHILL, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

7173 W OAKLAND PARK BLVD  
LAUDERHILL, FL 33313 US

**New Mailing Address:**

**FEI Number:** 65-0557137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAILEY, HUGH E  
7173 W OAKLAND PARK BLVD  
LAUDERHILL, FL 33313 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: BAILEY, HUGH  
Address: 7173 W. OAKLAND PARK BLVD.  
City-St-Zip: LAUDERHILL, FL 33313

Title: V  
Name: BAILEY, HUGH  
Address: 7173 W. OAKLAND PARK BLVD.  
City-St-Zip: LAUDERHILL, FL 33313

Title: TD  
Name: BAILEY, HUGH  
Address: 7173 W OAKLAND PARK BLVD  
City-St-Zip: LAUDERHILL, FL 33313

Title: S  
Name: BAILEY, HUGH  
Address: 7173 W OAKLAND PARK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33313

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: H BAILEY

P

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date