## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082906

Entity Name: GOLDENCARE HOME HEALTH AGENCY, INC.

Apr 02, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5757 BLUE LAGOON DR 782 W 42ND AVE 448

420

MIAMI, FL 33126 MIAMI, FL 33126 US

**Current Mailing Address: New Mailing Address:** 

5757 BLUE LAGOON DR 782 W 42ND AVE 420

448

MIAMI, FL 33126 US

FEI Number: 65-0620020 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

HELLMAN, MAYNARD J CONIFF, BERNARD P 760 POŃCE DE LEON BLVD 5757 BLUÉ LAGOON DR 420 CORAL GABLES, FL 33134 US

MIAMI, FL 33126 US

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: BERNARD P. CONIFF 04/02/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

MIAMI, FL 33126

BRACERAS CAMPO, ELIZABETH Name: 760 PONCE DE LEON BLVD Address: City-St-Zip: CORAL GABLES, FL 33134

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.

Ρ SIGNATURE: ELIZABETH BRACERAS CAMPO 04/02/2010