

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22099

FILED  
Jan 28, 2010  
Secretary of State

**Entity Name:** SILVEROAK HOME HEALTH CARE SERVICE, INC.

**Current Principal Place of Business:**

11077 BISCAYNE BLVD.  
100  
NORTH MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

11077 BISCAYNE BLVD.  
100  
NORTH MIAMI, FL 33161 US

**New Mailing Address:**

**FEI Number:** 65-0319528      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RODRIGUEZ, NESTOR E  
11077 BISCAYNE BLVD.  
100  
NORTH MIAMI, FL 33161 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPTS  
**Name:** RODRIGUEZ, NESTOR E  
**Address:** 11077 BISCAYNE BLVD. STE 100  
**City-St-Zip:** NORTH MIAMI, FL 33161

**Title:** DV  
**Name:** SAEZ-FRELANI, YVONNE  
**Address:** 11077 BISCAYNE BLVD. STE 100  
**City-St-Zip:** NORTH MIAMI, FL 33161

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: NESTOR E. RODRIGUEZ

DPTS

01/28/2010

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

\_\_\_\_\_ Date