

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22099

**FILED**  
**Mar 31, 2011**  
**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:**

290 NW 165 STREET  
M 700  
MIAMI, FL 33169 US

**Current Mailing Address:**

11077 BISCAYNE BLVD.  
100  
NORTH MIAMI, FL 33161 US

**New Mailing Address:**

290 NW 165 STREET  
M 700  
MIAMI, FL 33169 US

**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:**

RODRIGUEZ, NESTOR E  
290 NW 165 STREET  
M 700  
MIAMI, FL 33169 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: NESTOR RODRIGUEZ

03/31/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: RODRIGUEZ, NESTOR E  
Address: 290 NW 165 STREET SUITE M700  
City-St-Zip: MIAMI, FL 33169

Title: DV  
Name: SAEZ-FRELANI, YVONNE  
Address: 290 NW 165 STREET SUITE M 700  
City-St-Zip: MIAMI, FL 33169

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: NETSOR RODRIGUEZ

DPTS

03/31/2011

Electronic Signature of Signing Officer or Director

Date