

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22099

FILED
Feb 10, 2012
Secretary of State

Entity Name: SILVEROAK HOME HEALTH CARE SERVICE, INC.

Current Principal Place of Business:

290 NW 165 STREET
M 700
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

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

DIR

02/10/2012

Electronic Signature of Signing Officer or Director

Date